

Science, Facts & Data about COVID-19 and vaccines

Sourced Facts Only

Facts matter...

- The following pages contain **irrefutable FACTS** about COVID-19 and the vaccines
- All data is **fully sourced** to provide complete transparency
- No ambiguities, or anecdotes, are included...**only science, sourced facts and data**
- Quotes are from **widely recognized and highly respected experts and authorities** in their respective fields
- Being confronted with the truth will make some people uncomfortable and can be inconvenient to their world-view & personal beliefs, but **facts matter...there is no “my truth,” rather just “THE Truth”**
 - Challenging someone’s deeply held beliefs may cause some individuals to be defensive and “lash out,” when confronted with facts, data, science and truth that does not align with their beliefs

This COVID-19 fact-book is open source and free to publish for anyone that wants to use it, or any parts of it

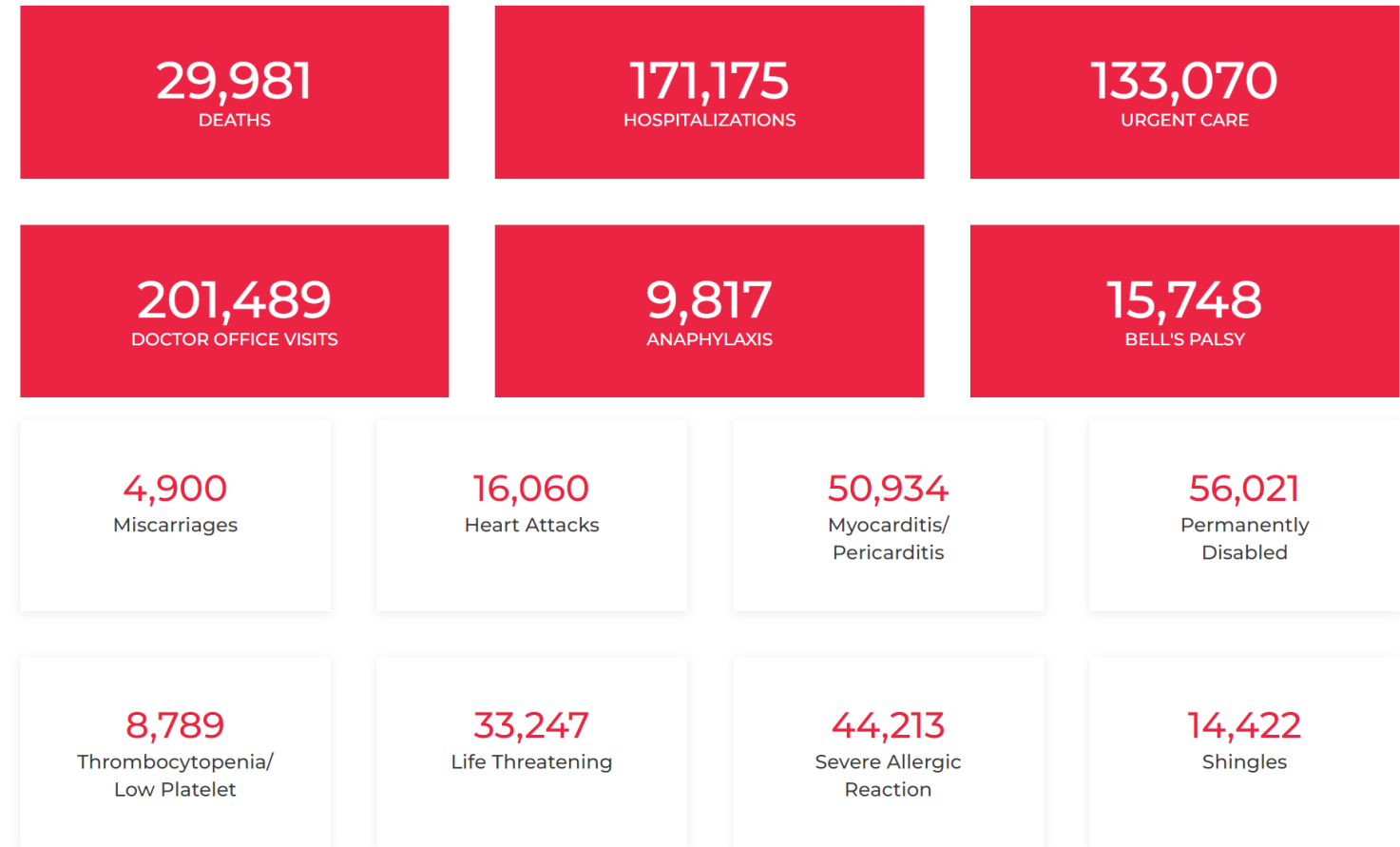
There are **serious misrepresentations and falsehoods** that exist about COVID-19 and the associated treatments

- Throughout this document, **the truth** will be explored, all based on **scientific and fact-sourced evidence**, which will delve further into the COVID-19 vaccines and provide the **absolute proof** that the COVID-19 vaccines...
 - ...do NOT prevent a person from catching COVID-19,
 - ...do NOT prevent a person from transmitting/spreading COVID-19 to others,
 - ...have little-to-no evidence that they lessen the effects for those who become infected with COVID-19,
 - ...have serious side-effects that are more common and often worse (including DEATH) than the virus itself,
 - ...offer little-to-no protection against so-called variants (Delta, Omicron, etc.),
 - ...potentially create strains of viruses that are more powerful,
 - ...impair an individual's immune system, causing them to be more susceptible to illnesses,
 - ...whatever effects they claim to have are miniscule & extremely short-lived,
 - ...are far less effective than natural immunity,
 - ...the long-held and established definition of vaccine changed to be inclusive of the COVID-19 vaccines

Over 1.37M reported Adverse Reactions, including ~30k DEATHS, related to COVID-19 Vaccines submitted to VAERS, as of 7/29/22

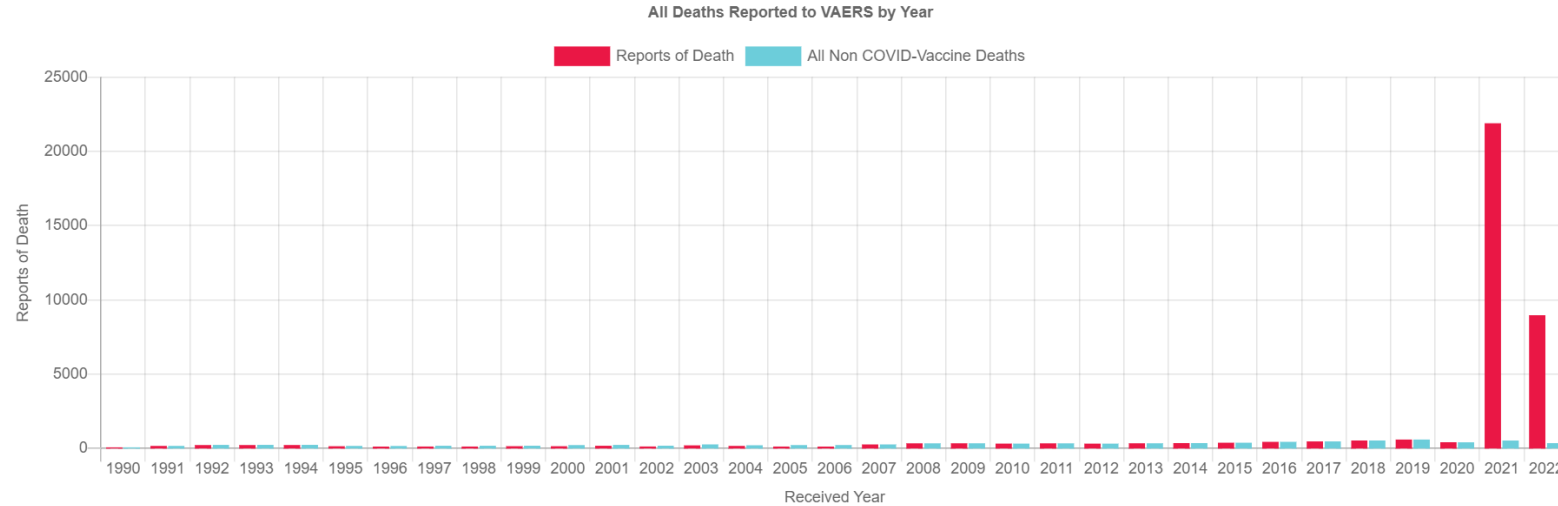
- Reports submitted to the Vaccine Adverse Events Reporting System (VAERS)
- VAERS co-managed by the Centers for Disease Control & Protection (CDC) and the US Food & Drug Administration (FDA)
- It is estimated that only 1% - 10% of all adverse events are reported to VAERS, thereby making the number of adverse events 10x – 100x HIGHER than what is reported
 - Per the US Dept. of Health & Human Services (HHS) VAERS is a voluntary system of reporting & it receives reports for only a small fraction of actual adverse events

1,371,471 Reports Through July 29, 2022



Almost 30k Deaths reported to VAERS from the COVID-19 Vaccines, as of 7/29/2022

VAERS COVID Vaccine Mortality Reports



MANUFACTURER	CASES
Unknown	381
Janssen	2,603
Moderna	7,981
Pfizer	19,347

SEX	CASES
Male	15,891
Female	12,552
Unknown	1,537

AGE	CASES
0.5-5	3
5-12	21
12-25	302
25-51	1,695
51-66	3,444
66-81	6,940
81-121	6,716
Unknown	10,857
All Ages	29,980

The VAERS database allows for visibility into every submitted adverse reaction

- <https://openvaers.com/covid-data/covid-reports> – Summary of all ~1,370,000 cases provided, with full reports available for each one, for example:

VAERS ID: 1936936 ●

AGE: UNK SEX: U

Death after complications with the heart; This is a spontaneous report received from a contactable reporter(s) (Consumer or other non HCP) from License Party. Other Case identifier(s): 103990 (Biontech ticket reference number). An elderly patient received bnt162b2 (COMIRNATY) (Batch/Lot number: unknown) as dose number unknown, single for covid-19 immunisation. The patient's relevant medical history and concomitant medications were not reported. The following information was reported: CARDIAC DISORDER ...

READ FULL REPORT >

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): CARDIAC DISORDER

VAERS ID: 1936924 ●

AGE: UNK SEX: M

After vaccination with BionTech Comirnaty, significant cognitive deterioration occurred within 2 months, further formation of testicular tumors bilaterally and formation of an aggressive B-cell lymphoma.; After vaccination with BionTech Comirnaty, significant cognitive deterioration occurred within 2 months, further formation of testicular tumors bilaterally and formation of an aggressive B-cell lymphoma.; Dose 1 on 02Feb2021, dose 2 on 02Apr2021; This is a spontaneous report received from a non-contactable ...

READ FULL REPORT >

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): B-CELL LYMPHOMA, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION, TESTIS CANCER

A Columbia University study asserts COVID-19 **Vaccine DEATHS** are actually **400,000...20x higher** (as of Oct '21) than reported to VAERS

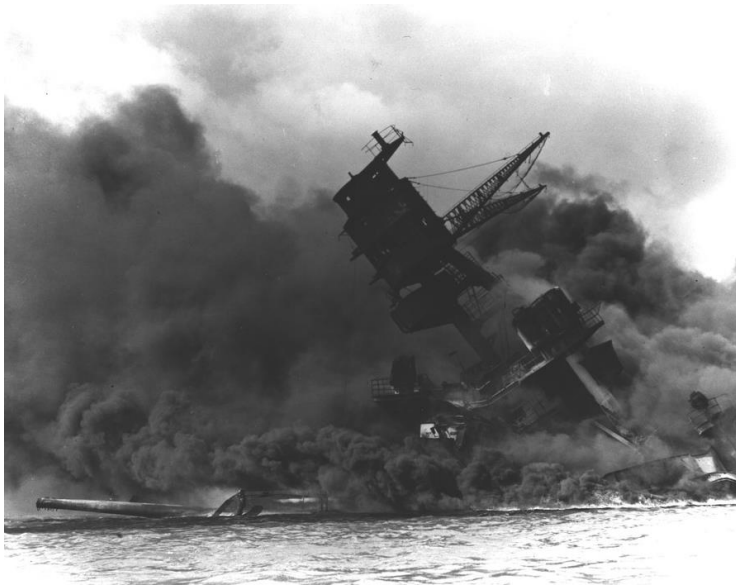
- Researchers from Columbia University used a method for **estimating underreporting** based on regional variation in vaccination rate, using independent and public data from the US & Europe
- The Researchers found that 6+ weeks after the injection, vaccination had a negative correlation with mortality, whereas **0-5 weeks of injection, vaccination predicted mortality** (death) in almost every age group, with an "...age-related temporal pattern consistent with the U.S. vaccine rollout..."

*"Comparing our estimate with the CDC-reported VFR (0.002%) suggests **VAERS deaths are underreported by a factor of 20**, consistent with known VAERS under-ascertainment bias."*

-- Spiro Pantazatos, Researcher at Columbia University

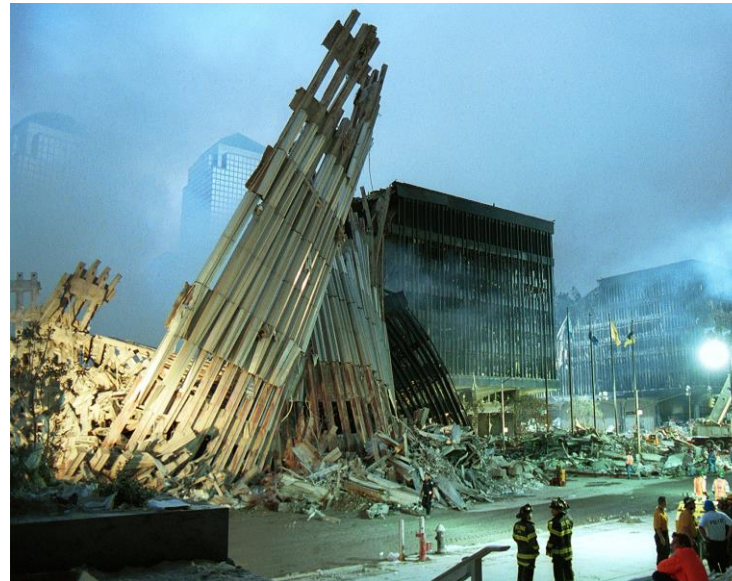
The number of **DEATHS** in the US due to **COVID-19 Vaccines** far exceeds the number of deaths from other tragedies

The vaccines are 12.5x more **deadly** than the attacks on Pearl harbor, using CDC's VAERS data...



...2,403 deaths during the attacks on Pearl Harbor (12/7/1941)

The vaccines are 11x more **deadly** than the attack on the WTC, using CDC's VAERS data...



...2,763 deaths at the World Trade Center (WTC) during the 9/11 attacks (9/11/2001)

The vaccines are 16x more **deadly** than Hurricane Katrina, using CDC's VAERS data...



...1,833 deaths during Hurricane Katrina (August 2005)

The WHO reports over **2.7M** adverse reactions to the **COVID-19 Vaccines**, as of 12/14/21

- **2,727,042** recorded adverse drug reactions to the COVID-19 vaccines
- Reports submitted and tallied by the VigiBase and accessed by VigiAccess
- Launched in 2015 as part of the World Health Organizations (WHO) Programme for International Drug Monitoring

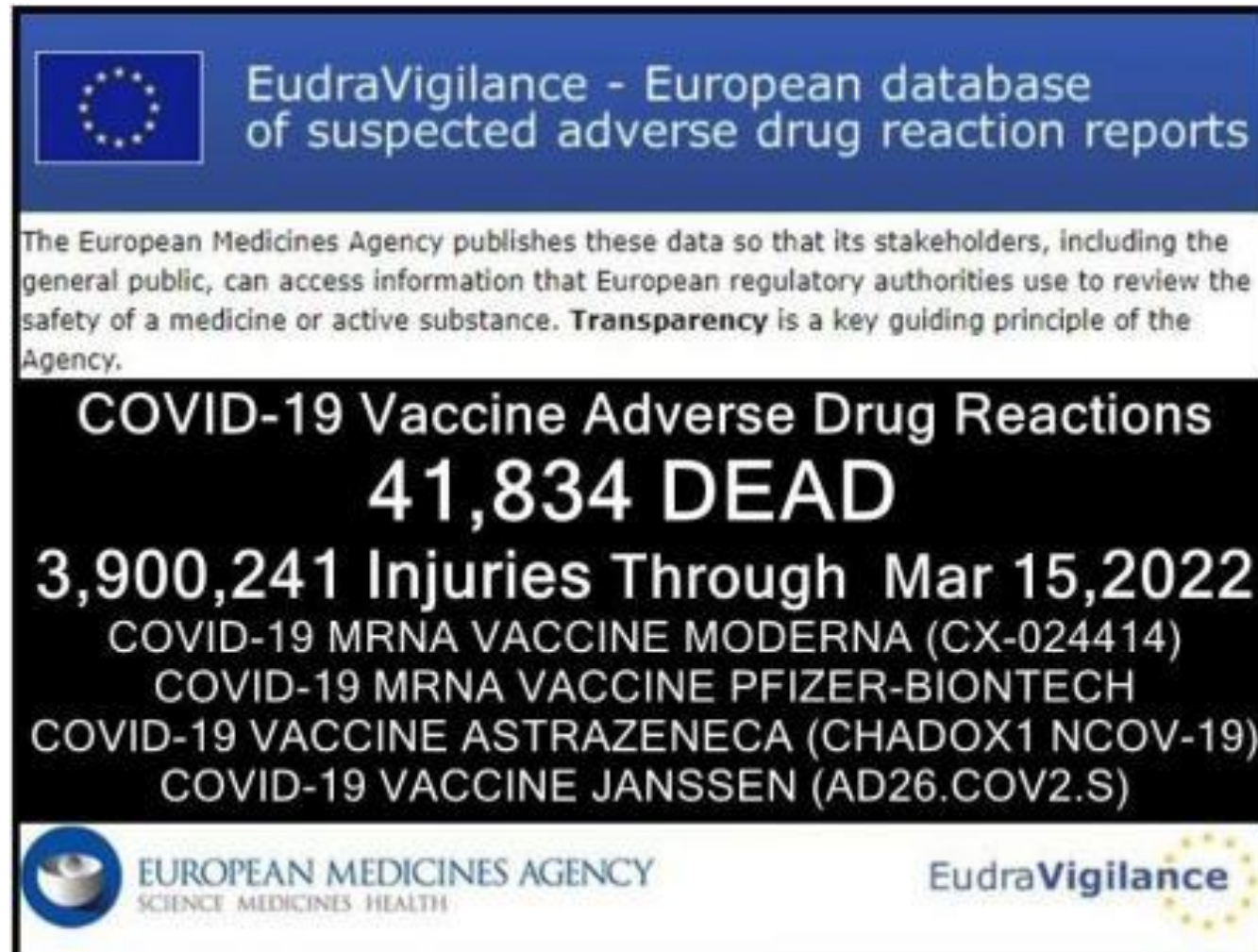
Distribution

▼ Adverse drug reactions (ADRs)


- ▶ Blood and lymphatic system disorders (113469)
- ▶ Cardiac disorders (150250)
- ▶ Congenital, familial and genetic disorders (1621)
- ▶ Ear and labyrinth disorders (90060)
- ▶ Endocrine disorders (4472)
- ▶ Eye disorders (99734)
- ▶ Gastrointestinal disorders (538499)
- ▶ General disorders and administration site conditions (1629961)
- ▶ Hepatobiliary disorders (5831)
- ▶ Immune system disorders (43673)
- ▶ Infections and infestations (215663)
- ▶ Injury, poisoning and procedural complications (148474)
- ▶ Investigations (387796)
- ▶ Metabolism and nutrition disorders (60306)
- ▶ Musculoskeletal and connective tissue disorders (768826)
- ▶ Neoplasms benign, malignant and unspecified (incl cysts and polyps) (4728)
- ▶ Nervous system disorders (1142227)
- ▶ Pregnancy, puerperium and perinatal conditions (6874)
- ▶ Product issues (4221)
- ▶ Psychiatric disorders (127483)
- ▶ Renal and urinary disorders (22836)
- ▶ Reproductive system and breast disorders (130036)
- ▶ Respiratory, thoracic and mediastinal disorders (290927)
- ▶ Skin and subcutaneous tissue disorders (365715)
- ▶ Social circumstances (19855)
- ▶ Surgical and medical procedures (34122)
- ▶ Vascular disorders (144967)

Screenshot / VigiAccess / Distribution of Adverse Drug Reactions (ADRs)

Europe's EudraVigilance reports almost **42,000 deaths** and **3.9M injuries** from the COVID-19 vaccines, through 3/15/2022




The banner features the European Union flag logo on the left. The title 'EudraVigilance - European database of suspected adverse drug reaction reports' is in white text on a blue background. Below this, a paragraph explains that the European Medicines Agency publishes this data for transparency. The main statistics are displayed in large white text on a black background: 'COVID-19 Vaccine Adverse Drug Reactions', '41,834 DEAD', and '3,900,241 Injuries Through Mar 15, 2022'. A list of vaccine types follows: 'COVID-19 MRNA VACCINE MODERNA (CX-024414)', 'COVID-19 MRNA VACCINE PFIZER-BIONTECH', 'COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)', and 'COVID-19 VACCINE JANSSEN (AD26.COV2.S)'. The bottom section contains the European Medicines Agency logo and name on the left, and the EudraVigilance logo on the right.


 EudraVigilance - European database of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

COVID-19 Vaccine Adverse Drug Reactions
41,834 DEAD
3,900,241 Injuries Through Mar 15, 2022

COVID-19 MRNA VACCINE MODERNA (CX-024414)
COVID-19 MRNA VACCINE PFIZER-BIONTECH
COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)
COVID-19 VACCINE JANSSEN (AD26.COV2.S)

 EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

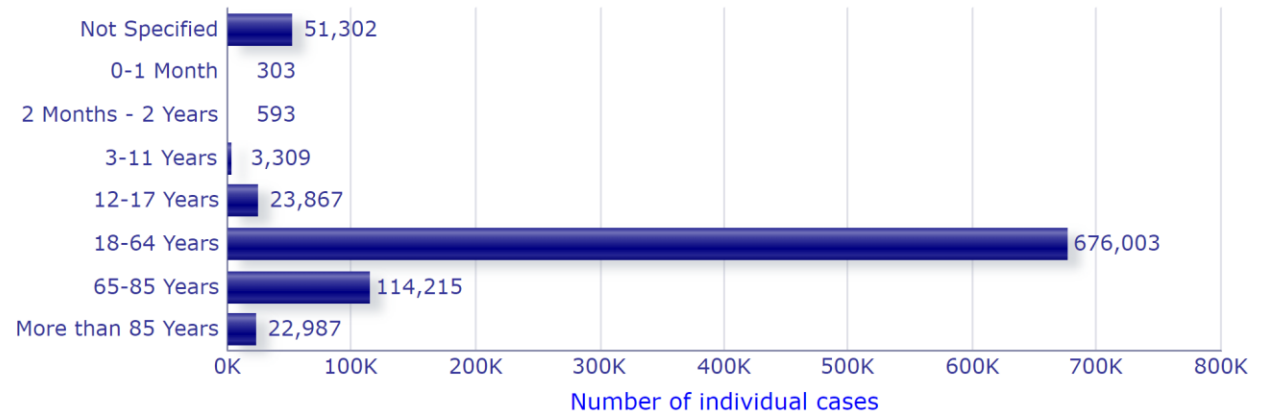
EudraVigilance 

Europe's EudraVigilance reports almost **893k** adverse effects for **Pfizer-Biontech** (Tozinameran), as of 4/9/22

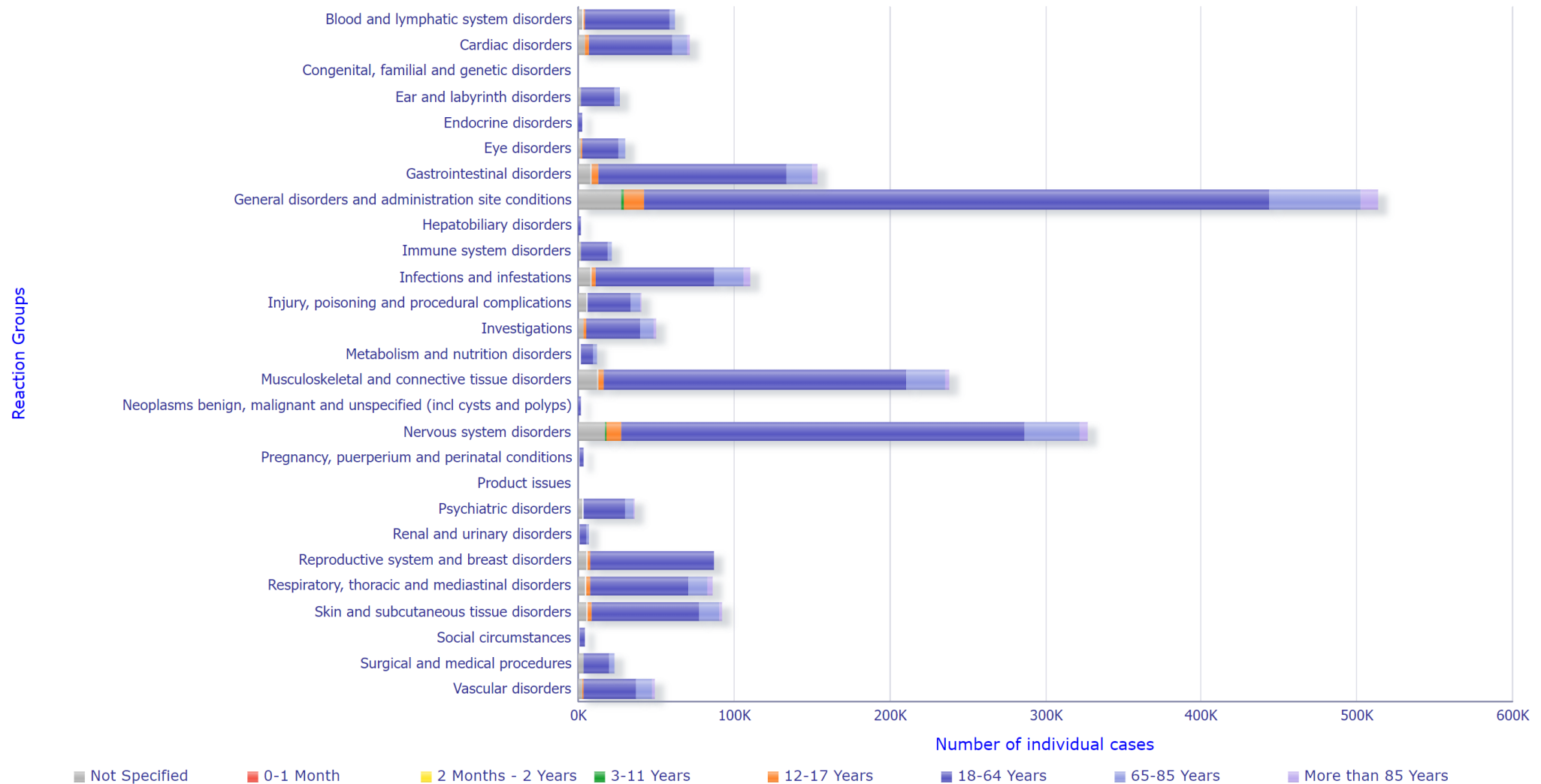
The number of individual cases identified in EudraVigilance for **TOZINAMERAN** is **892,579** (up to 09/04/2022)

Number of individual cases by Age Group

Age Group	Cases	%
Not Specified	51,302	5.7%
0-1 Month	303	0.0%
2 Months - 2 Years	593	0.1%
3-11 Years	3,309	0.4%
12-17 Years	23,867	2.7%
18-64 Years	676,003	75.7%
65-85 Years	114,215	12.8%
More than 85 Years	22,987	2.6%
Total	892,579	100.0%



Europe's EudraVigilance reports almost **893k** adverse effects for **Pfizer-Biontech** (Tozinameran), as of 4/9/2022 (cont.)

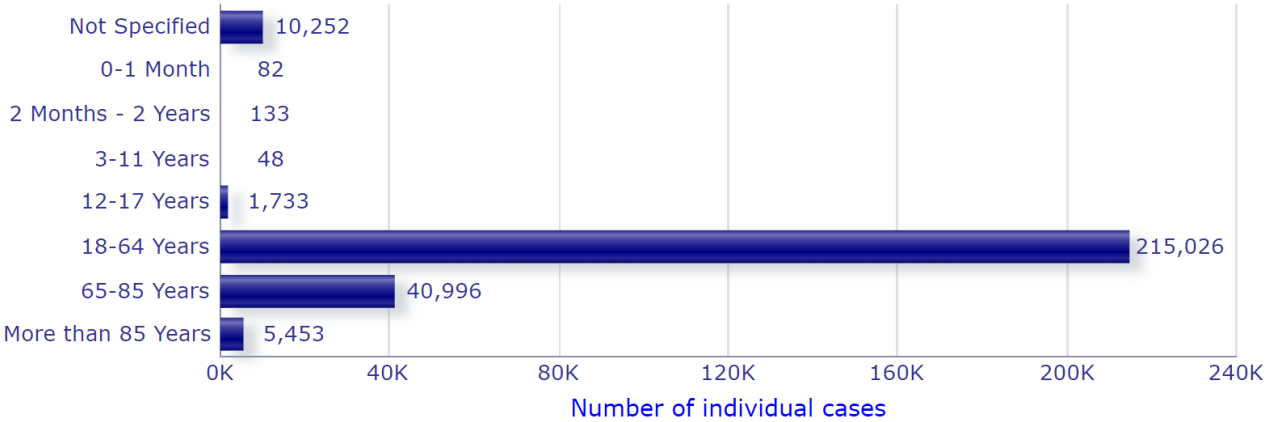


Europe’s EudraVigilance reports over 273k adverse effects for Moderna (CX-024414), as of 4/9/2022

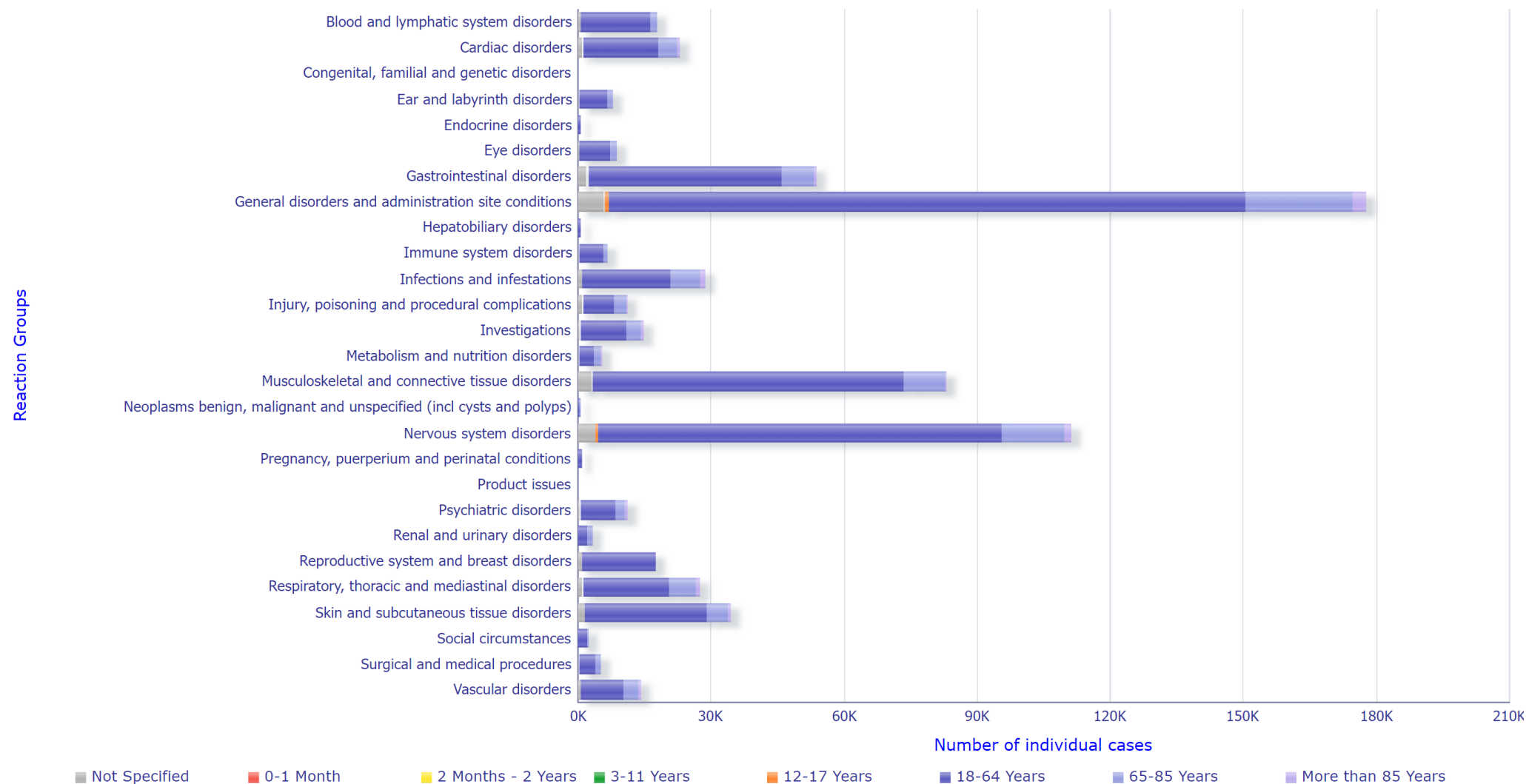
The number of individual cases identified in EudraVigilance for **COVID-19 MRNA VACCINE MODERNA (CX-024414)** is **273,723** (up to 09/04/2022)

Number of individual cases by Age Group

Age Group	Cases	%
Not Specified	10,252	3.7%
0-1 Month	82	0.0%
2 Months - 2 Years	133	0.0%
3-11 Years	48	0.0%
12-17 Years	1,733	0.6%
18-64 Years	215,026	78.6%
65-85 Years	40,996	15.0%
More than 85 Years	5,453	2.0%
Total	273,723	100.0%



Europe's EudraVigilance reports over 273k adverse effects for Moderna (CX-024414), as of 4/9/2022 (cont.)

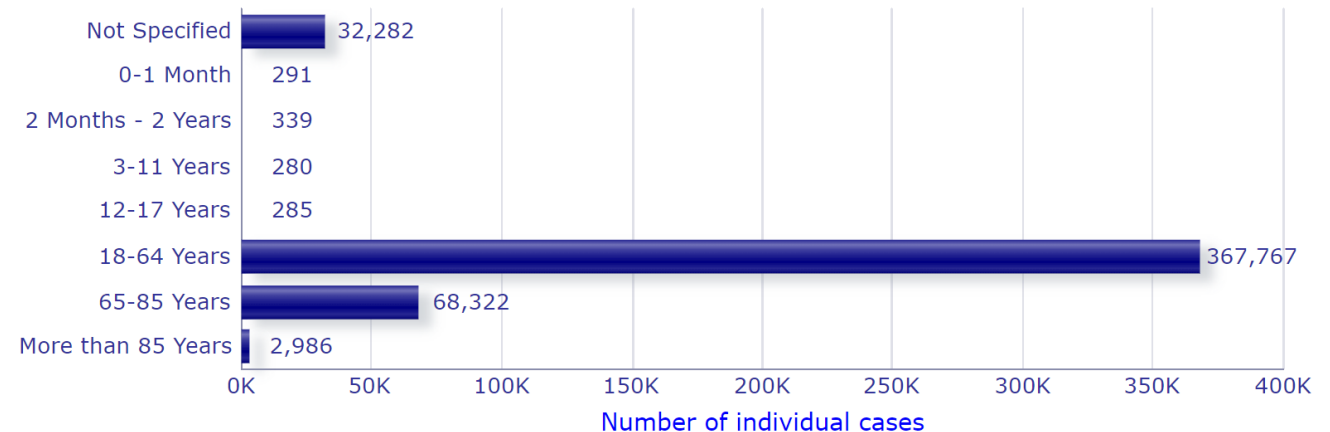


Europe's EudraVigilance reports over 472k adverse effects for AstraZeneca (CHADOX1 NCOV-19), as of 4/9/2022

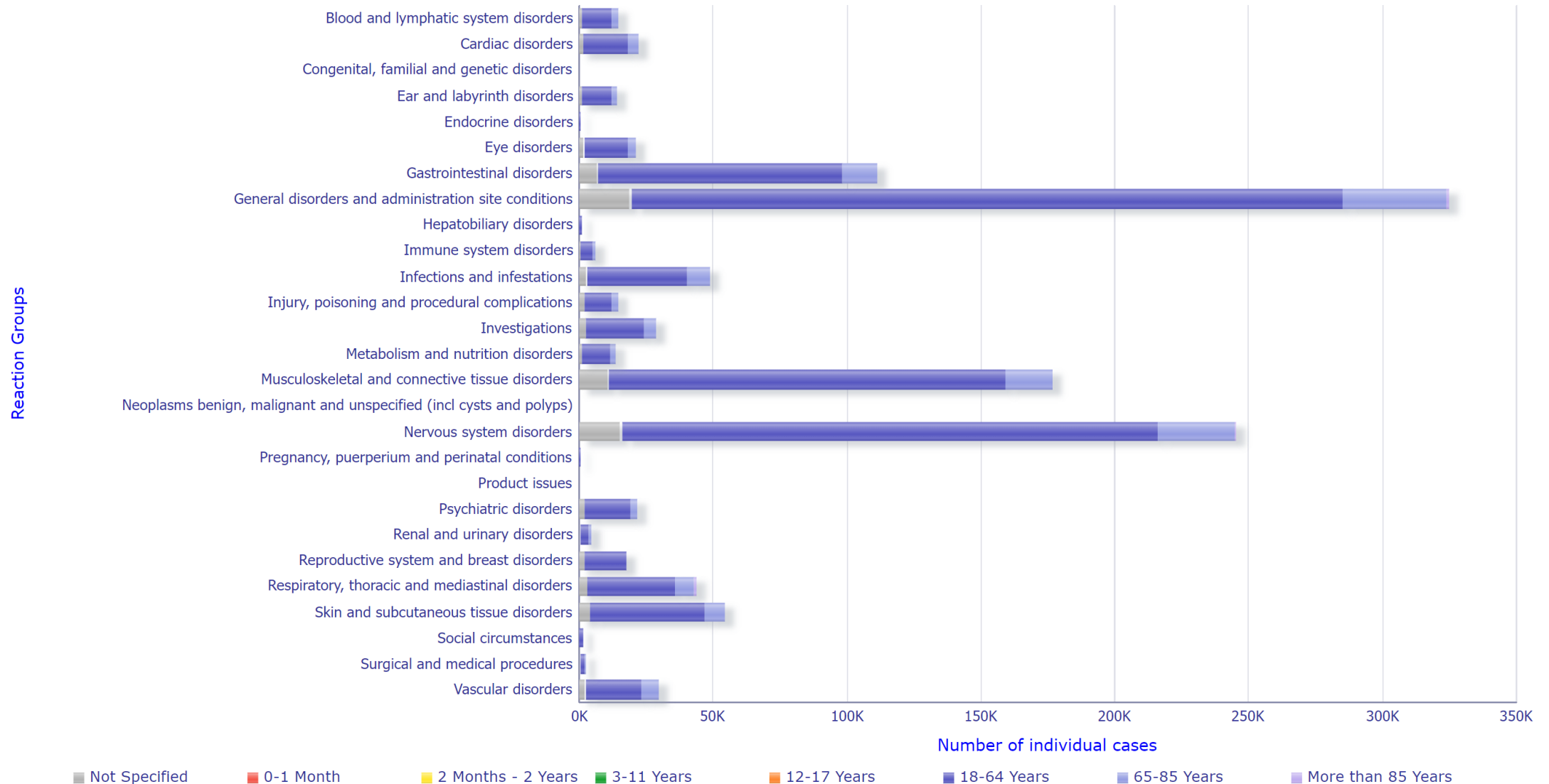
The number of individual cases identified in EudraVigilance for **COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)** is **472,552** (up to 09/04/2022)

Number of individual cases by Age Group

Age Group	Cases	%
Not Specified	32,282	6.8%
0-1 Month	291	0.1%
2 Months - 2 Years	339	0.1%
3-11 Years	280	0.1%
12-17 Years	285	0.1%
18-64 Years	367,767	77.8%
65-85 Years	68,322	14.5%
More than 85 Years	2,986	0.6%
Total	472,552	100.0%



Europe's EudraVigilance reports over 472k adverse effects for AstraZeneca (CHADOX1 NCOV-19), as of 4/9/2022 (cont.)

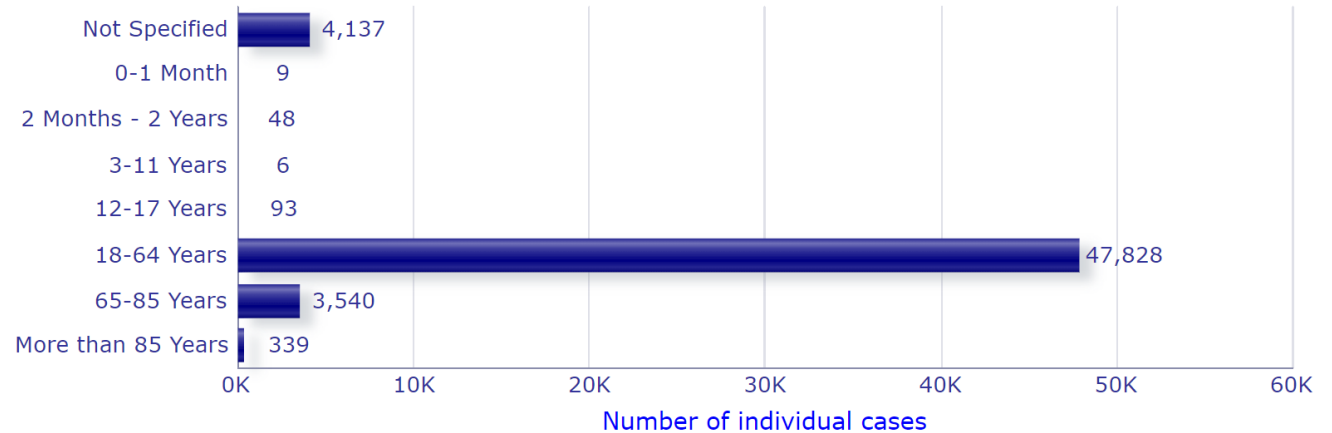


Europe's EudraVigilance reports over 56k adverse effects for Janssen (AD26.COVS.S), as of 4/9/2022

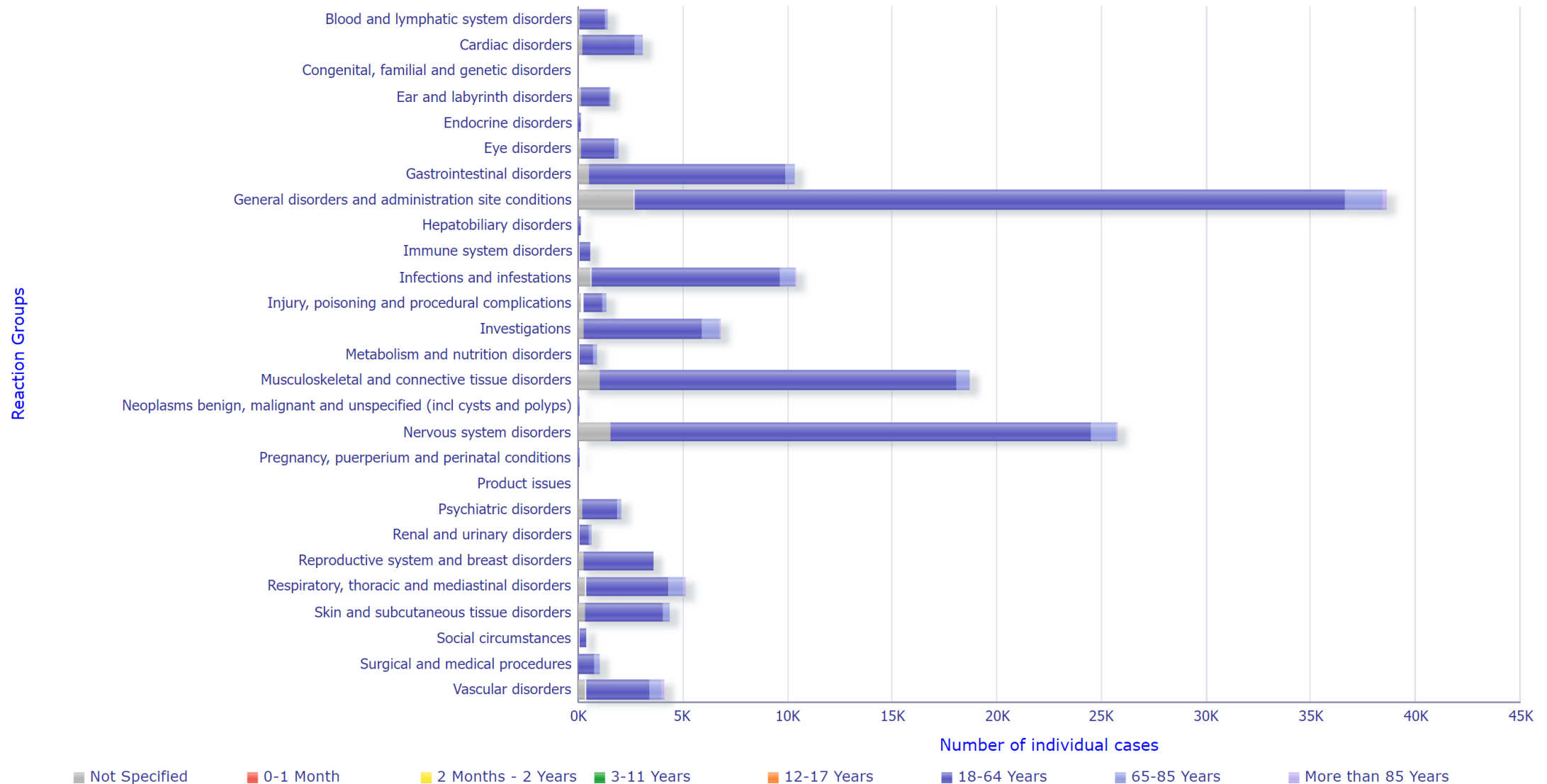
The number of individual cases identified in EudraVigilance for **COVID-19 VACCINE JANSSEN (AD26.COVS.S)** is **56,000** (up to 09/04/2022)

Number of individual cases by Age Group

Age Group	Cases	%
Not Specified	4,137	7.4%
0-1 Month	9	0.0%
2 Months - 2 Years	48	0.1%
3-11 Years	6	0.0%
12-17 Years	93	0.2%
18-64 Years	47,828	85.4%
65-85 Years	3,540	6.3%
More than 85 Years	339	0.6%
Total	56,000	100.0%



Europe's EudraVigilance reports over 56k adverse effects for Janssen (AD26.COVS.S), as of 4/9/2022 (cont.)



COVID-19 survival rates are estimated to be **99.98%**, whereas the vast majority of fatalities also include several comorbidities

- Different models exist based on the datasets used, but all models show a **very low COVID-19 fatality rate**, with **most fatalities also including comorbidities** like obesity, diabetes, cardiovascular disease, etc.
- Per the CDC, **only 6%** of all COVID-19 related deaths are due to COVID-19, the remaining **94% of deaths had 3 comorbidities (and 77.8% had 4 comorbidities)**



COVID Infection-Fatality Rates by Sex and Age Group
(Numbers are shown as percentages)

Age group	Male	Female	Mean
0-4	0.003	0.003	0.003
5-9	0.001	0.001	0.001
10-14	0.001	0.001	0.001
15-19	0.003	0.002	0.003
20-24	0.008	0.005	0.006
25-29	0.017	0.009	0.013
30-34	0.033	0.015	0.024
35-39	0.056	0.025	0.040
40-44	0.106	0.044	0.075
45-49	0.168	0.073	0.121
50-54	0.291	0.123	0.207
55-59	0.448	0.197	0.323
60-64	0.595	0.318	0.456
65-69	1.452	0.698	1.075
70-74	2.307	1.042	1.674
75-79	4.260	2.145	3.203
80+	10.825	5.759	8.292

Above graphic courtesy of American Council on Science and Health

Above graphic courtesy of KUSI News San Diego

A Harvard study **confirms the correlation** that the higher a country's vaccination rate, the higher its infection rate

- An [August 2021 Harvard Study](#) of 68 countries and 2,947 counties in the US was published by the European Journal of Epidemiology and showed definitive proof of a **positive correlation between a country's vaccination rate and the number of infection cases**, thus proving the **vaccines do not stop the spread** of COVID-19 (and in fact might help the spread of the virus)

*“At the country-level, there appears to be **no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days (Fig. 1).** In fact, the trend line **suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people.**”*

*“As the Covid pandemic continues to defy predictions about when it will finally be ‘over,’ there is a curious phenomenon taking place across the United States and around the globe: **Covid-19 case rates increasing alongside vaccination rates.**”*

- Co-Authors S. V. Subramanian & Akhil Kumar

A Harvard study **confirms the correlation** that the higher a country's vaccination rate, the higher the infection rate (cont.)

*“Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days. **The lack of a meaningful association** between percentage population fully vaccinated and new COVID-19 cases is further exemplified, for instance, by comparison of Iceland and Portugal. Both countries have over **75% of their population fully vaccinated and have more COVID-19 cases** per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.”*

*“Of the top 5 countries that have the highest percentage of population fully vaccinated (99.9–84.3%), the US Centers for Disease Control and Prevention (CDC) **identifies 4 of them as ‘High’ Transmission countries.**”*

- Co-Authors S. V. Subramanian & Akhil Kumar

On 7/26/21 researcher & publisher Justin Hart used **CDC data** to show the reduction in infection rates is **NOT** due to

vaccination

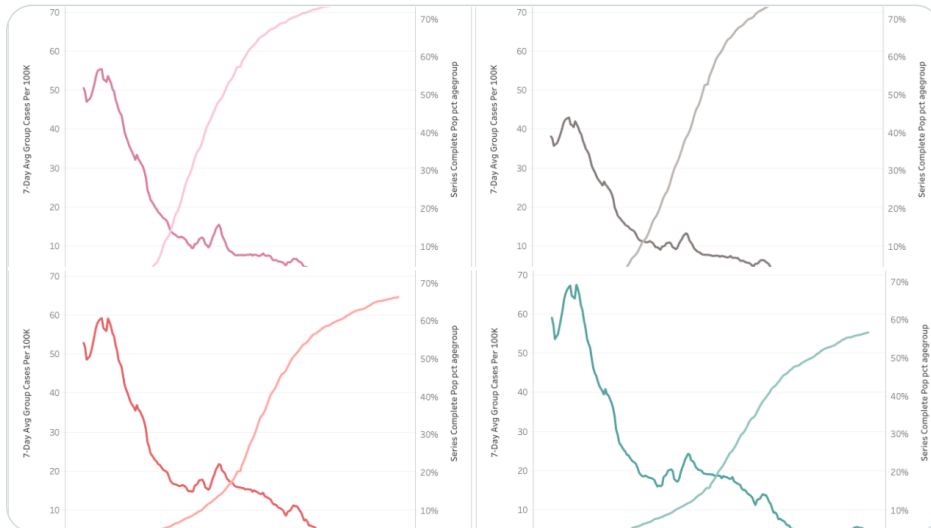


Justin Hart
@justin_hart

Looks at this! I put together cases and vaccination data from the CDC. (Cases are per 100K left Y-axis | vaccinations are increasing % right Y-axis)

Cases drop by 75% or more for every age group BEFORE any group hits 20% vaccination. Something else is going on entirely here.

1/



4:20 PM · Jul 26, 2021 · Twitter Web App

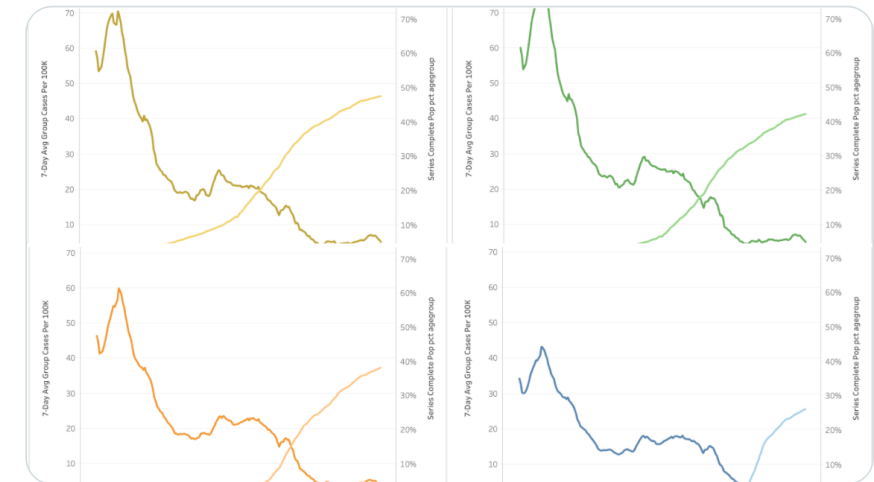
Source: https://twitter.com/justin_hart/status/1419769561889468420



Justin Hart @justin_hart · Jul 26

Replying to @justin_hart

Other age groups:



9

88

326



Justin Hart @justin_hart · Jul 26

We've been operating under the assumption that the massive drop in cases is due strictly to vaccinations but (as you can see) for every age group cases DROPPED DRAMATICALLY before any group was even in single digit % vaccination rate. I blame seasonality and prior infection :)

55

246

1K



Justin Hart @justin_hart · Jul 26

Data here: data.cdc.gov/Vaccinations/C... ✓

10

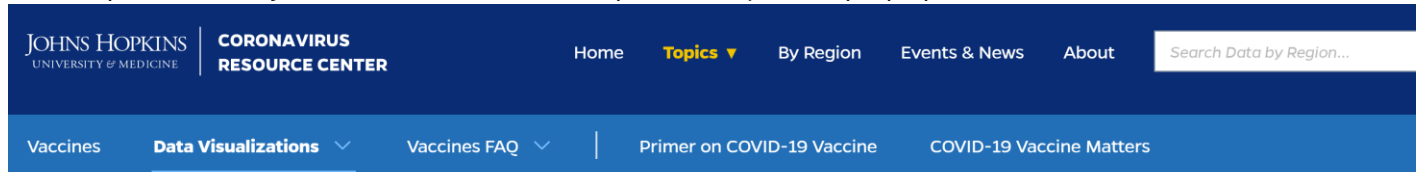
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222

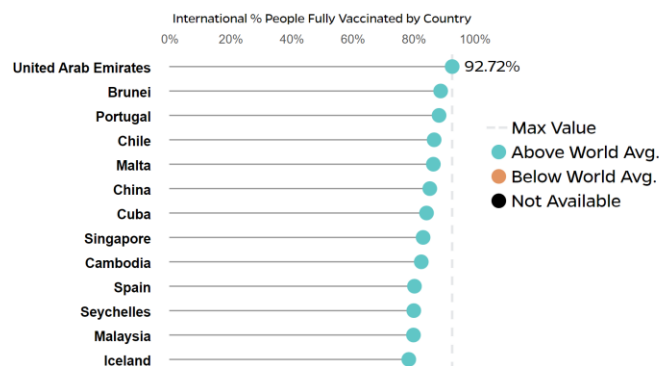
Per the CDC & Johns Hopkins University data, the greatest risk of catching COVID-19 is in the most vaccinated countries

- 12 of the 13 countries with the **highest vaccination rates** in the world are listed as a “Travel Risk” according to the CDC
- These countries are listed by the CDC as “Very High” or “High” for COVID-19 travel risk

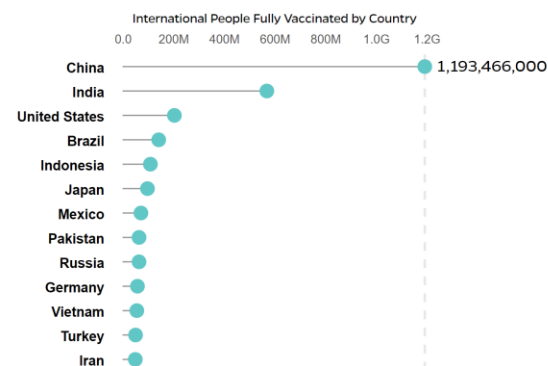
Johns Hopkins University Coronavirus Research Center- partial list, for example purposes



% OF POPULATION FULLY VACCINATED



PEOPLE FULLY VACCINATED



CDC Travel Recommendations by Region - partial list, for example purposes

Level 4: COVID-19 Very High

Avoid travel to these destinations. If you must travel to these destinations, make sure you are fully vaccinated before travel.

Andorra	Germany	Netherlands.The
Antigua and Barbuda	Gibraltar	Niger
Armenia	Greece	North Macedonia
Austria	Greenland	Norway
Azerbaijan	Guernsey	Papua New Guinea
Barbados	Haiti	Poland
Belarus	Hungary	Portugal
Belgium	Iceland	Réunion
Belize	Iraq	Romania
Bonaire	Ireland	Russia
Bosnia and Herzegovina	Isle of Man	San Marino
Botswana	Italy	Saudi Arabia
Brunei	Jersey (part of the UK)	Serbia
Bulgaria	Jordan	Seychelles
Burkina Faso	Latvia	Singapore
Burma (Myanmar)	Lebanon	Slovakia
Cayman Islands	Lesotho	Slovenia
Central African Republic	Liechtenstein	Somalia
Chad	Lithuania	South Africa
Croatia	Luxembourg	South Sudan
Cyprus	Malawi	Spain

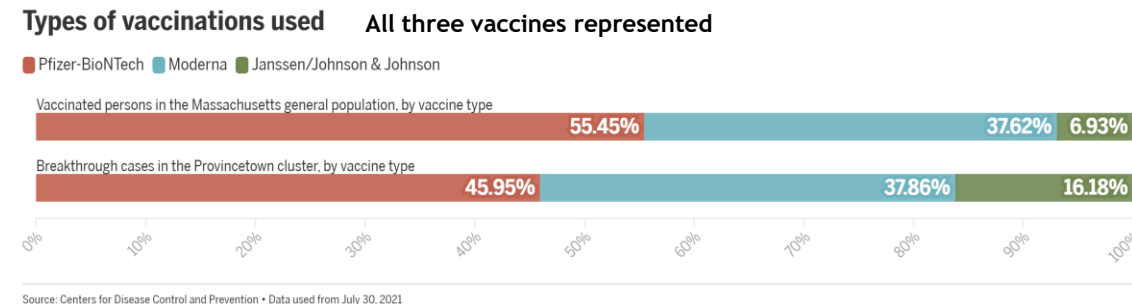
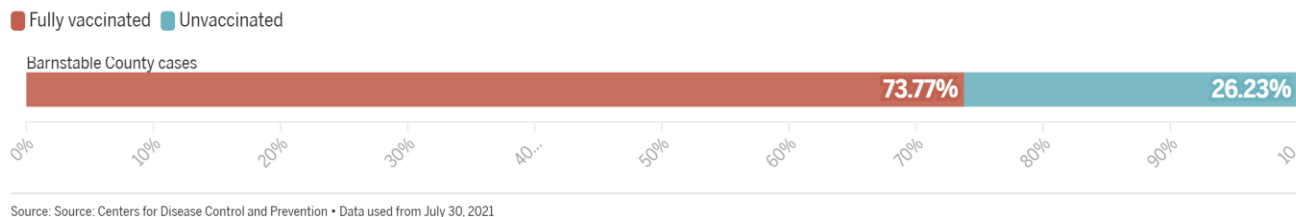
The same pattern applies in the US, where the **largest outbreaks are among those with the highest vaccination rates**

- Example from the “July 2021 Cape Cod Outbreak,” per the Boston Globe (bold emphasis added):

*“A closer look at the recent cluster of COVID-19 cases linked to July celebrations on Cape Cod is shedding light on the risks the Delta variant poses to fully vaccinated people. Provincetown’s town manager has said there are **almost 900 cases associated with the cluster**. A new report from the Centers for Disease Control and Prevention released Friday zeroed in on the 469 Massachusetts residents involved with the outbreak and made recommendations on how jurisdictions can curb the effects of highly transmissible variants.*

*Here is what the CDC found: **Most cases involved fully vaccinated people with symptoms***

About 74 percent of the cases studied involved fully vaccinated individuals



The same pattern applies in the US, where the **largest outbreaks are among those with the highest vaccination rates** (cont.)

- Example from CT Governor Lamont's 2021 Christmas party, per News 12 (bold emphasis added):

*"The Lamonts held their annual holiday gathering at their private residence on December 11. In order to attend **all guests were required to provide proof of full vaccination** and present a negative test result for COVID-19. In the week that followed, the Lamonts were informed that **a small number of attendees had tested positive for COVID-19.**"*

- Example from USS Milwaukee, per the 12/27/21 The Navy Times (bold emphasis added):

*About two dozen sailors on a Navy warship — **or roughly 25 percent of the crew** — **have now tested positive for COVID-19**, keeping the ship sidelined in port at Naval Station Guantanamo Bay in Cuba Monday, according to U.S. defense officials.*

*The Navy said in a statement Friday that **the USS Milwaukee's crew was "100 percent immunized"** and that all of those who tested positive for COVID-19 were being isolated on the ship away from other crew members.*

The same pattern applies in the US, where the **largest outbreaks are among those with the highest vaccination rates** (cont.)

- Example from Holland America Line cruise, per the 12/25/21 Times of San Diego (bold emphasis added):
 - A Holland America Line cruise ship was turned away by a port in Mexico after a COVID-19 outbreak was reported onboard, despite the fact that **crew and passengers alike had to be fully vaccinated**

*Mexican officials said about 21 crew members aboard the Koningsdam cruise ship operated by Holland America **tested positive for COVID-19** on Dec. 23 when the ship arrived in port at Puerto Vallarta, NBC7 reported.*

*A Holland America spokesperson said a small number of the cruise ship's employees, **all of whom were fully vaccinated**, tested positive for the virus with mild symptoms. They were in isolation and their close contacts were quarantining, the cruise line said.*



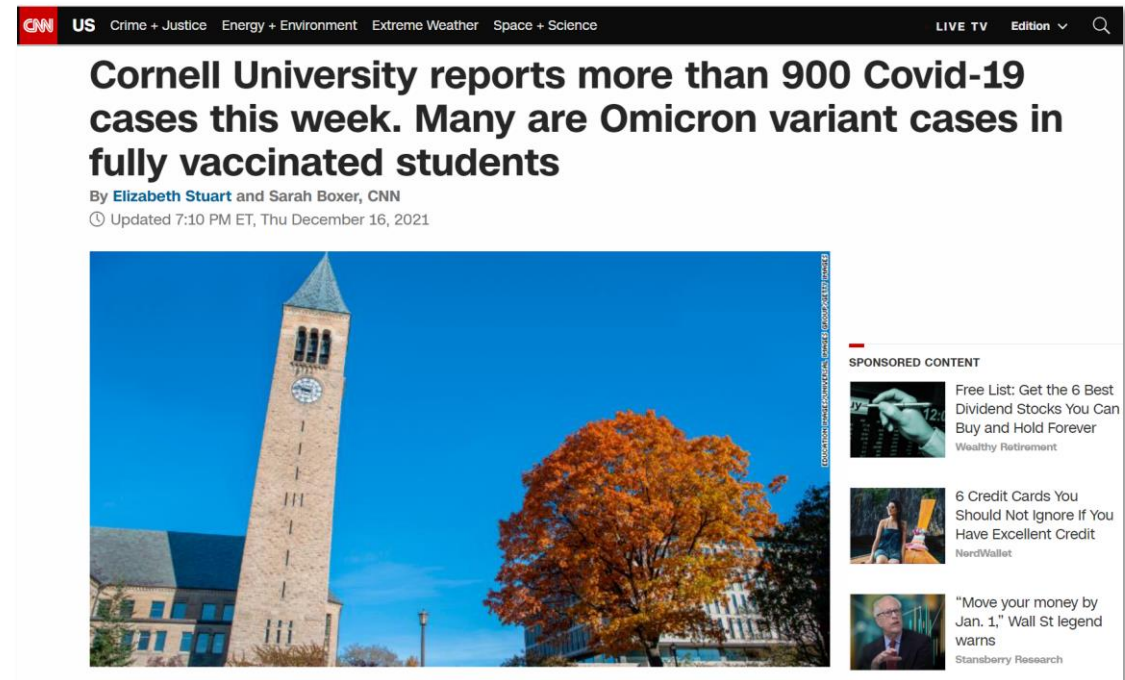
The same pattern applies in the US, where the **largest outbreaks are among those with the highest vaccination rates** (cont.)

- Example from the Dec '21 Cornell University outbreak, per CNN (bold emphasis added):

Cornell University reported 903 cases of Covid-19 among students between December 7-13, and a "very high percentage" of them are Omicron variant cases in fully vaccinated individuals, according to university officials.

"Virtually every case of the Omicron variant to date has been found in fully vaccinated students, a portion of whom had also received a booster shot," said Vice President for University Relations Joel Malina in a statement.

As of result, the school has decided to shut down its Ithaca, New York, campus, where it has about 25,600 students. Cornell's overall vaccination rate among students is 99%.



Equally troubling is the long history of **civil and criminal behavior** of the pharmaceutical industry, often requiring DOJ intervention

- **Pfizer** (one of the COVID-19 vaccine manufacturers) and one of its subsidiaries **pled GUILTY to a FELONY violation** of the Food, Drug, and Cosmetic Act for marketing a drug with **the intent to deceive and mislead the public**
 - Pfizer's **\$2.3 Billion settlement** including a record-breaking **\$1.3 Billion CRIMINAL fine**
- Other recent settlements reached between the DOJ and pharmaceutical companies include (not a comprehensive list):
 - 2012 GlaxoSmithKline \$3 Billion (\$1 Billion Criminal, \$2 Billion Civil)
 - 2013 **Johnson & Johnson** \$2.2 Billion
 - 2012 Abbott Laboratories \$1.5 Billion
 - 2009 Eli Lilly \$1.4 Billion
 - 2001 TAP Pharmaceutical Products \$875 Million
 - 2012 Amgen \$762 Million
 - 2010 GlaxoSmithKline \$750 Million
 - 2005 Serono \$704 Million
 - 2008 Merck \$650 Million
 - 2010 **AstraZeneca** \$520 Million
 - 2004 **Pfizer** \$430 Million
 - 2003 **AstraZeneca** \$355 Million

Pfizer's own documentation shows **tens-of-thousands of adverse reactions & over 1,200 DEATHS**

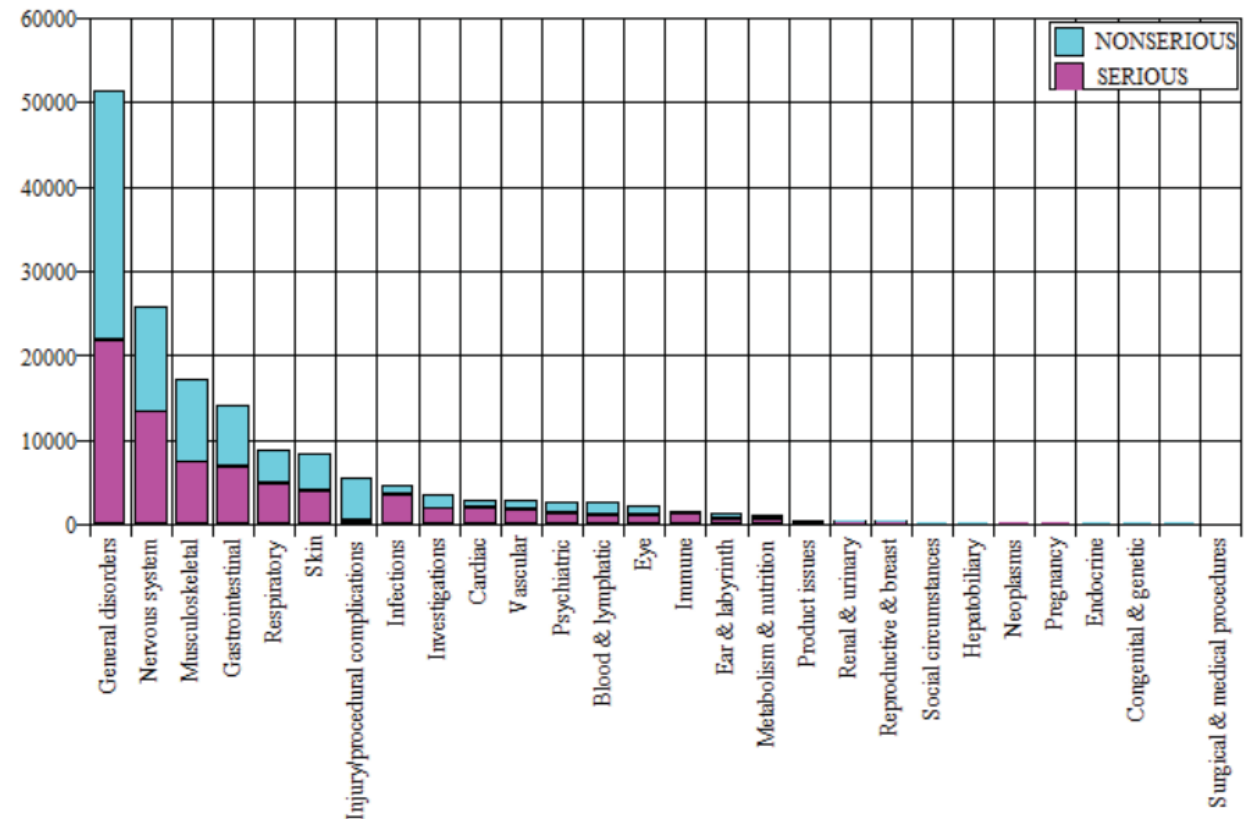
- The FDA has been **ordered by a Federal judge to comply** with a FOIA request related to Pfizer's COVID-19 vaccine
- Freedom of Information Act (FOIA) request filed by a government accountability group called Public Health and Medical Professionals for Transparency, a **group composed of 30 esteemed Professors & Scientists**
- Requested the federal government to share any & all data that factored into the agency's decision to grant Pfizer's experimental mRNA vaccine an emergency use authorization (EUA)
 - **Over 329,000 documents** are covered under this FOIA request
- To date, **the FDA is trying to limit the release** of these documents and has requested that they be allowed to **take 75 years to process the FOIA request**, stating they could only release 500 pages per month...that would take the timeline all the way to **2096!**

In the first batch of documents released and per Pfizer's own official document titled *"Cumulative Analysis of Post-Authorization Adverse Event Records Reports,"* **in the first 90 days alone (12/1/20 – 2/28/21)** of the vaccine's rollout (while under EUA) there were **TENS-OF-THOUSANDS of reported adverse reactions, which included OVER 1,200 DEATHS & close to 2,000 COVID-19 infections**

Pfizer's own documentation shows **tens-of-thousands of adverse reactions & over 1,200 DEATHS** (cont.)

- Pfizer's report potentially **leaves out many adverse reactions**
 - Anything deemed not serious by Pfizer's own researchers might not be included in their report
- The internal Pfizer report shows:
 - **Over 42,000** reported cases of serious adverse reactions to the Pfizer vaccine
 - **Over 1,200 DEATHS** related to the Pfizer vaccine
 - **Over 1,900** individuals infected with COVID-19, despite receiving the "vaccine"

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



Pfizer's own documentation shows tens-of-thousands of adverse reactions & over 1,200 DEATHS (cont.)

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

Table 2. Events Reported in ≥2% Cases

MedDRA SOC	MedDRA PT	Cumulatively Through 28 February 2021 AEs (AERP%) N = 42086
Blood and lymphatic system disorders		
	Lymphadenopathy	1972 (4.7%)
Cardiac disorders		
	Tachycardia	1098 (2.6%)
Gastrointestinal disorders		
	Nausea	5182 (12.3%)
	Diarrhoea	1880 (4.5%)
	Vomiting	1698 (4.0%)
General disorders and administration site conditions		
	Pyrexia	7666 (18.2%)
	Fatigue	7338 (17.4%)
	Chills	5514 (13.1%)
	Vaccination site pain	5181 (12.3%)
	Pain	3691 (8.8%)
	Malaise	2897 (6.9%)
	Asthenia	2285 (5.4%)
	Drug ineffective	2201 (5.2%)
	Vaccination site erythema	930 (2.2%)
	Vaccination site swelling	913 (2.2%)
	Influenza like illness	835 (2%)
Infections and infestations		
	COVID-19	1927 (4.6%)
Injury, poisoning and procedural complications		
	Off label use	880 (2.1%)
	Product use issue	828 (2.0%)
Musculoskeletal and connective tissue disorders		
	Myalgia	4915 (11.7%)
	Pain in extremity	3959 (9.4%)
	Arthralgia	3525 (8.4%)
Nervous system disorders		
	Headache	10131 (24.1%)
	Dizziness	3720 (8.8%)
	Paraesthesia	1500 (3.6%)
	Hypoesthesia	999 (2.4%)
Respiratory, thoracic and mediastinal disorders		
	Dyspnoea	2057 (4.9%)
	Cough	1146 (2.7%)
	Oropharyngeal pain	948 (2.3%)
Skin and subcutaneous tissue disorders		
	Pruritus	1447 (3.4%)
	Rash	1404 (3.3%)
	Erythema	1044 (2.5%)
	Hyperhidrosis	900 (2.1%)
	Urticaria	862 (2.1%)
Total number of events		93473

Many experts believe the Pfizer clinical trials were **poorly designed** from the very beginning

- It's important to start with the understanding that Emergency Use Authorization (EUA) was granted based on:
 - All studies were financed **by Pfizer**
 - The methodology used for the studies was developed **by Pfizer**
 - The studies were administered **by Pfizer**
 - The reports were written **by Pfizer**
 - This is what's commonly referred to as "The fox watching the hen house"...with Pfizer financing, writing & administering the studies, where was the oversight?
- In a 12/22/21 post on the [Children's Health Defense News & Views website](#), Madhava Setty, MD posted an article titled:

Pfizer Vaccine Clinical Trials Poorly Designed From the Start, Analysis Shows

*The Canadian COVID Care Alliance assembled a presentation that demonstrates how Pfizer's purported randomized placebo-controlled, double-blinded study **veered away from methodologies** that would have definitively answered questions about the vaccine's safety and efficacy.*

Many experts believe the Pfizer clinical trials were **poorly designed** from the very beginning (cont.)

- Madhava Setty's, MD, post included the following details (bold emphasis added):
 - Canadian COVID Care Alliance (CCCA) is a group of "Independent Canadian doctors, scientists and healthcare professionals committed to providing top quality and balanced evidence-based information to the Canadian public about COVID-19 so that hospitalizations can be reduced, lives saved and our country restored as safely as possible."
 - CCCA assembled a presentation that comprehensively demonstrates how Pfizer's purported randomized placebo-controlled, double-blinded study **veered away from methodologies** that would have answered the safety and efficacy questions definitively.
 - In this concise slide deck with an explanatory video, CCCA powerfully summarized why Pfizer's trial was **not designed to adequately demonstrate its product's safety and efficacy**.

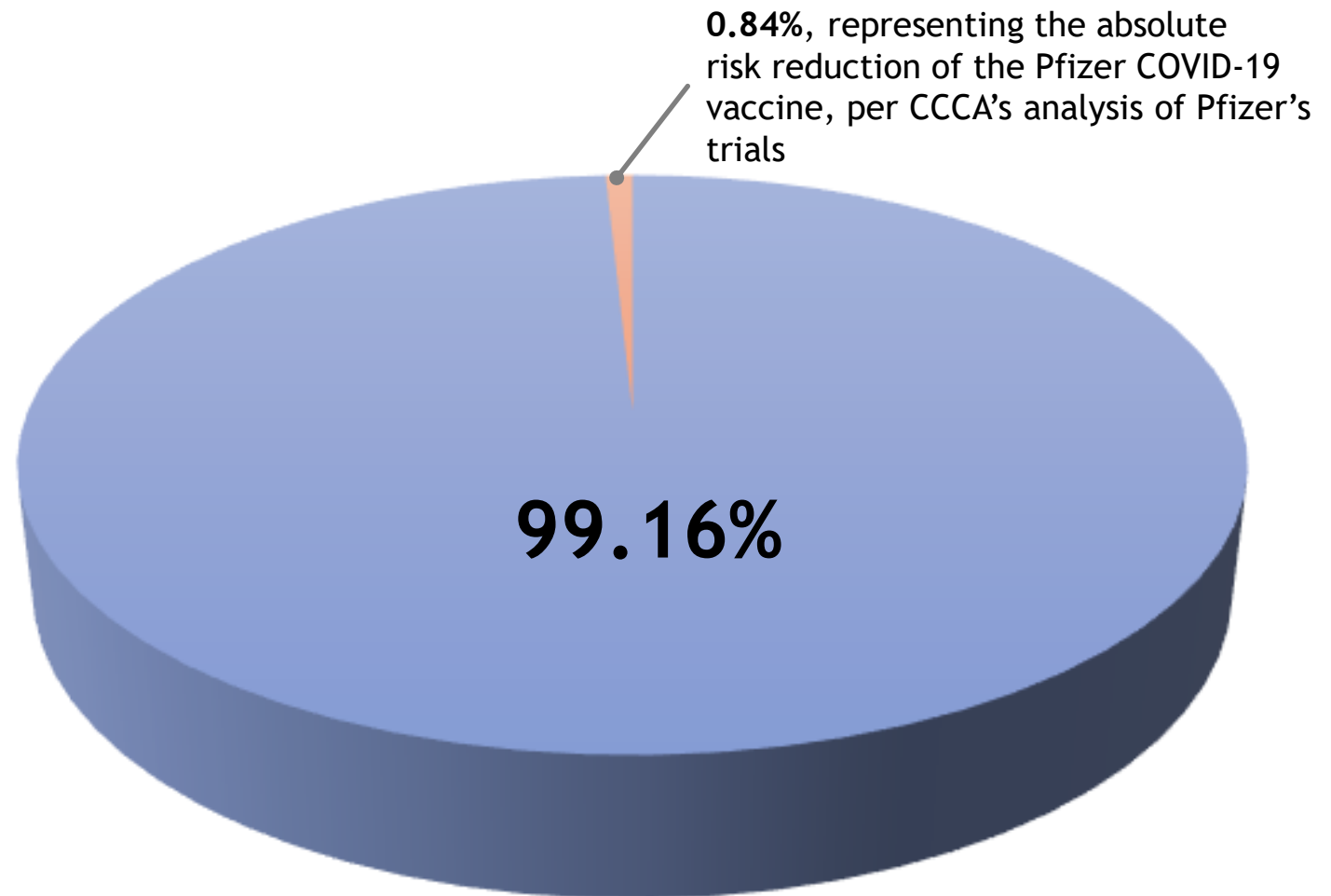


Many experts believe the Pfizer clinical trials were **poorly designed** from the very beginning (cont.)

- Madhava Setty's, MD, post included "...a few key points from the CCCA presentation..." (bold emphasis added):
 - Initial data demonstrated a high relative risk reduction of infection yet this amounted to an **absolute risk reduction of only 0.84%**. It is the absolute risk reduction that determines the risk-benefit ratio required to make informed decisions around inoculation.
 - Early unblinding: Several months before publishing six-month observational results Pfizer opted to offer its product to those participants who received the placebo. By eliminating nearly all participants in the placebo wing **Pfizer effectively closed the curtain on its experiment** because long-term comparisons can no longer be made.
 - All-cause mortality and morbidity, the only sensible outcomes to use in determining efficacy and risk, **were not considered**. Indeed, all-cause **mortality was higher in the vaccinated group** after six months.
 - **Severe adverse events outnumbered cases of severe COVID** prevented after six months of observation.
 - **Trial participants were not reflective of the most vulnerable members of our population** — more than 50% of people dying from COVID are 75 years of age or older. This age group made up only 4.4% of trial participants. Also, **95% of those who have died from COVID had one or more comorbidities**. **Nearly 80% of trial participants had none.**
 - **Not every trial participant was tested for COVID**. Asymptomatic or paucisymptomatic (presenting few symptoms) cases were missed.
- Madhava Setty, MD is senior science editor for The Defender, has been a board certified anesthesiologist since 2002 and has held various leadership positions in his clinical practice. Prior to his training in anesthesiology at the University of Pennsylvania and medical education (Baylor College of Medicine), Setty spent six years in the aerospace and defense industry as an engineer on several research and development projects. Setty also holds a bachelor's degree in electrical engineering (M.I.T.).

Thus, per the CCCA analysis, Pfizer's own trials show the vaccine ONLY provides absolute risk reduction of **0.84%**

- Meaning the Pfizer COVID-19 vaccine **offers practically zero protection**
- Despite the almost complete lack of risk reduction, we have already seen on the prior slides that **mortality is higher** in those who are vaccinated (as are severe adverse side-effects), **thus making it riskier to take the vaccine**



After Pfizer was forced by the courts to release documents pertaining to vaccine testing and injuries, Pfizer's own documentations listed **1,291 side effects, resulting in 158,893 adverse events, 42,086 case reports & 1,223 fatalities**

- Per Pfizer's own documentation, Pfizer needed to hire **2,400 full-time employees**, just to process the sheer number of adverse event reports due to the side effects of their vaccine
- **75 of 270 pregnant mothers (30%)** had serious adverse effects related to Pfizer's vaccine, resulting in **25 mothers losing their babies**



Young, healthy athletes are collapsing and dying at an unprecedented rate

- It is **NOT** normal for young, healthy athletes to **collapse and die**, yet since the inception of the COVID-19 vaccines the rate has increased (**1,700% higher since 2021**)



Premier League
CROATIA MOURNS Marin Cacic dead, aged 23: Croatian defender dies in hospital just days after collapsing during training session

John Shachtel
10:48 ET, Dec 23, 2021 | Updated 10:52 ET, Dec 23, 2021



The Saint's triathlete Antoine Méchin puts an end to his season and "would not be vaccinated again if it had to be done again"

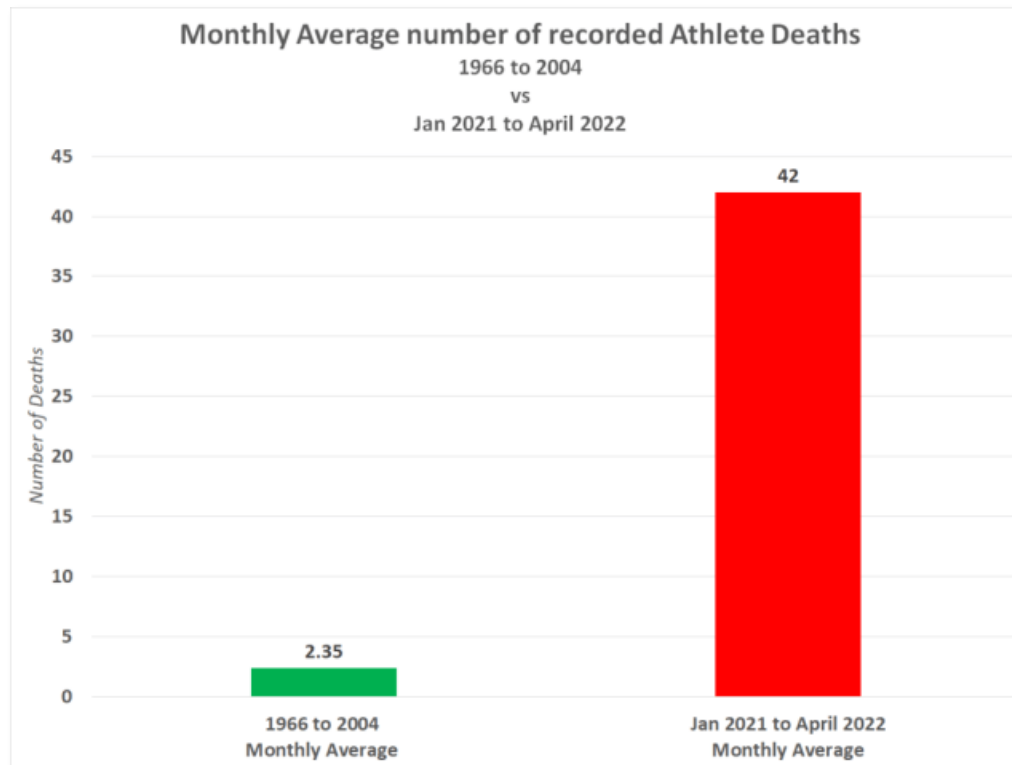


Football
Footballer Mukhaled Al-Raqadi dies after heart attack in warm-up

Follows recent death of Mario Cacic



Footballer Mukhaled Al-Raqadi dies after heart attack in warm-up



UPDATE: A Jaw-Dropping 769 Athletes have Collapsed While Competing Over The Past Year - "Avg. Age of Players Suffering Cardiac Arrest is JUST 23" - (VIDEO)

By John Corcoran
Published April 8, 2022 at 10:00pm
No Comments



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Athlete Deaths Are 1,700% Higher Since 2021 and Nobody's Allowed To Ask Why

Fact checked

July 31, 2022 Sean Adi-Tabatabaie News, US 7 Comments



Egyptian Player Dies After Dressing Room Collapse

Dec 24, 2021 - 12:32 pm
By Kurt Buckenfield



A goalkeeper in Egypt has sadly passed away after collapsing in his team's dressing room.

Algerian footballer dies of on-field heart attack

News December 20, 2021 6:44 AM



Sofiane Loukar succumbed to injuries sustained in a collision with his goalkeeper. (Twitter: youcristoforo)

ALGERIA: An Algerian footballer, Sofiane Loukar, suffered a heart attack and died after colliding with his goalkeeper in a second division match in Oran on Saturday, a local news outlet reported.

CRICKET Young Saurashtra cricketer Avi Barot dies after suffering cardiac arrest

BARODA, OCTOBER 16, 2021 08:10 IST
BOMBAY, OCTOBER 16, 2021 08:10 IST



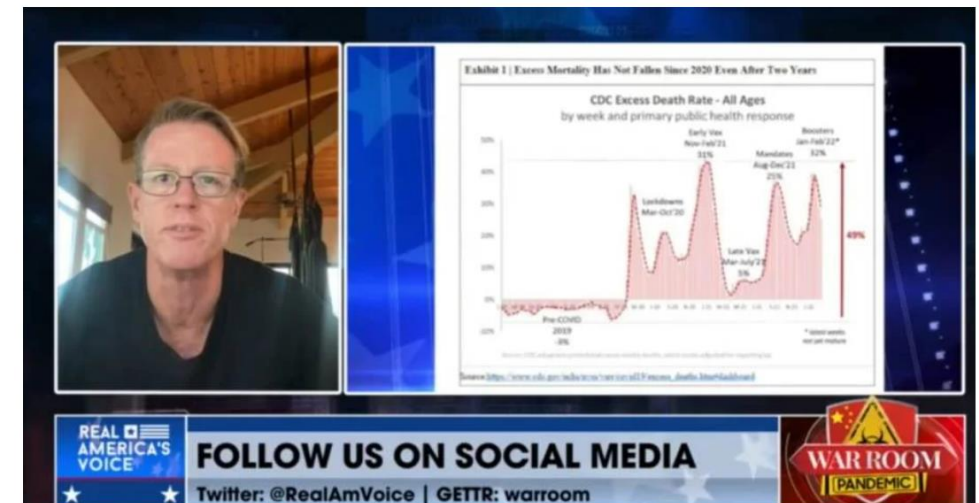
Sources: https://www.freemalaysiatoday.com/category/sports/2021/12/26/algerian-footballer-dies-of-on-field-heart-attack/?_cf_chl_jschl_tk__=wNFwhYrUSw0QkNqHq2Vezyvd.b98_CUwQ4UHI9Tp5w-1640621746-0-gaNycGzNCL0
<https://www.marca.com/en/football/2021/12/25/61c7671ce2704eac9d8b45c2.html> | <https://expose-news.com/2022/07/30/athlete-deaths-up-since-covid-vaccine-rollout/> | <https://pubmed.ncbi.nlm.nih.gov/17143117/>
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<https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/> | <https://www.sudouest.fr/sport/course-pedestre/triathlon/le-triathlete-saintais-antoine-mechin-met-un-terme-a-sa-saison-et-ne-se-referait-pas-vacciner-si-c-etait-a-refaire-6234090.php>

Per CDC data, US Millennials (ages 25-44) experienced an **84% increase in excess mortality**, during the final 4 months of 2021, correlating to the issuances & mandates of the COVID-19 vaccines

“So, just to put some numbers on this, starting in the summer into the fall, with the mandates and the boosters, there were 61,000 excess Millennial deaths.

Basically, Millennials experienced a ‘Vietnam War’ in the second half of 2021. 58,000 people died in the Vietnam War, US troops, so this generation just experienced a Vietnam War.”

- Edward Dowd, per compiled CDC data



SHOCKING: Millennials Experienced the “Worst-Ever Excess Mortality in History” – An 84% Increase In Deaths After Vaccine Mandates Introduced (VIDEO)

Long-term heart issues detected months after COVID-19 vaccinations in children, per a study by **Seattle Children's Hospital**

- The study suggest that **teens can contract Myocarditis** from the COVID-19 vaccines, resulting in a **scar on their heart**
- Per the Study: “Myopericarditis, , has emerged as an important adverse event following COVID-19 mRNA vaccination, particularly in adolescents [1]. Patients typically exhibit chest pain and an elevated serum troponin level in the days following the COVID-19 mRNA vaccine.”

The screenshot shows the article "Persistent Cardiac MRI Findings in a Cohort of Adolescents with post COVID-19 mRNA vaccine myopericarditis" by Jenna Schauer, MD, et al. The page includes a table of contents on the left, the article title and authors, a PlumX Metrics chart, and a sidebar with abbreviations and a discussion snippet. An advertisement for Pediatric PROCONNECT is visible on the right.

The JOURNAL of PEDIATRICS

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BRIEF REPORTS | ARTICLES IN PRESS

Persistent Cardiac MRI Findings in a Cohort of Adolescents with post COVID-19 mRNA vaccine myopericarditis

Jenna Schauer, MD • Sujatha Buddhé, MD, MS • Avanti Gulhane, MD, DNB, FSCMR • Sathish Mallenahalli Chikkabyrappa, MD • Yuk Law, MD • Michael A. Portman, MD • Show all authors

Published: March 25, 2022 • DOI: <https://doi.org/10.1016/j.jpeds.2022.03.032>

PDF [1 MB] Figures Save Share Reprints Request

PlumX Metrics

Abbreviations:

Late gadolinium enhancement (LGE), Coronavirus disease of 2019 (COVID-19), Nonsteroidal anti-inflammatory drugs (NSAIDs), Intravenous immunoglobulin (IVIG), Left ventricle (LV), Left ventricular ejection fraction (LVEF), Global Longitudinal Strain (GLS)

Methods

Results

DISCUSSION

Uncited reference

REFERENCES

Myopericarditis, , has emerged as an important adverse event following COVID-19 mRNA vaccination, particularly in adolescents [[1]]. Patients typically exhibit chest pain and an elevated serum troponin level in the days following the COVID-

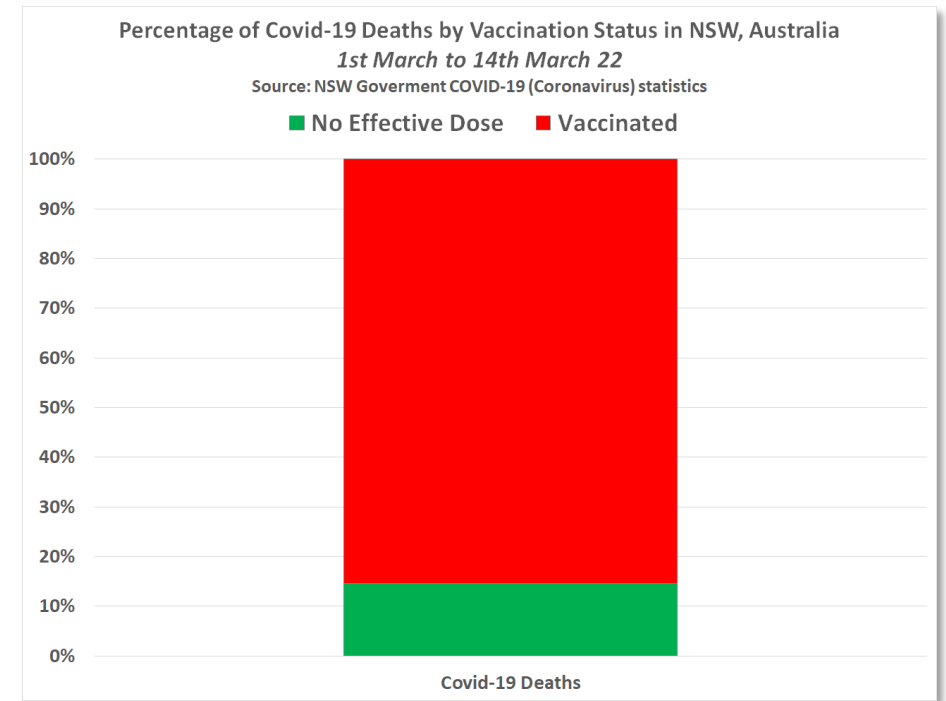
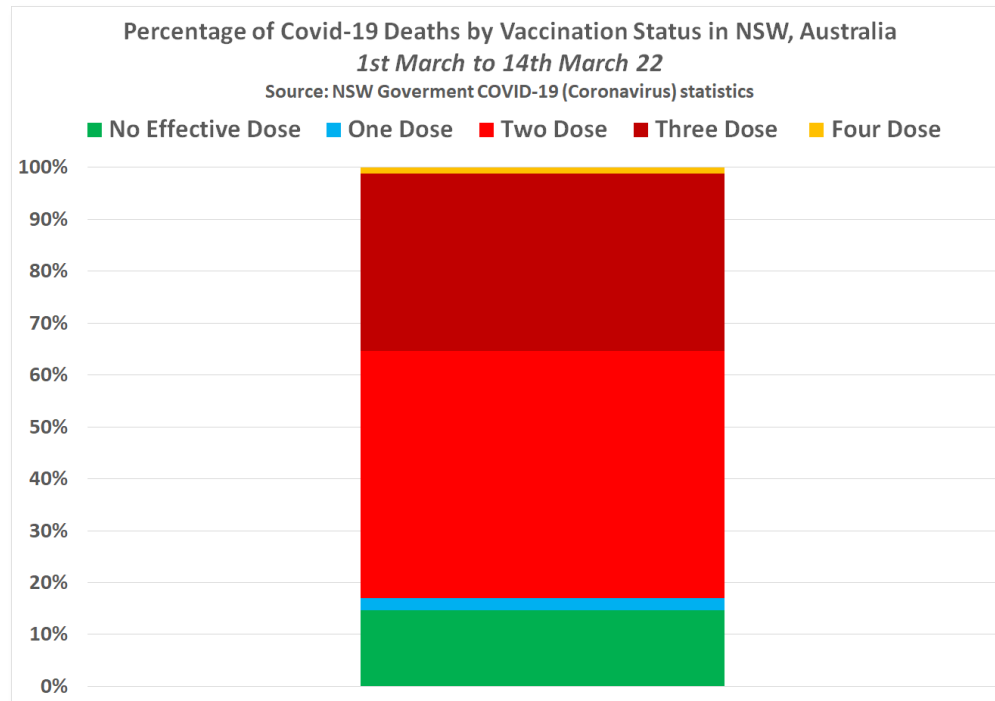
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The Australian government has confirmed via their official NSW Health reporting system that the **fully vaccinated account for 90% of all COVID-19 deaths** (including quadruple vaccinated)



The American Heart Association (AHA) study finds **mRNA vaccines dramatically increase heart inflammation**

- Per the study, mRNA vaccines (bold emphasis added) “...**dramatically increase inflammation** on the endothelium and T cell infiltration of cardiac muscle and **may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.**”
- This aligns with the European Medicines Agency (EMA) announcement that **mRNA vaccines show increased risk of myocarditis** in younger males (specifically Pfizer & Moderna vaccines)
 - The EMA Safety Committee (PRAC) **recommended listing myocarditis & pericarditis as side effects** in the product information for the vaccines

[Home](#) > [Circulation](#) > [Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflamm...](#)

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Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

According to the Journal of Hepatology, **vaccine-induced hepatitis has been confirmed** after injections from the vaccines

Selected excerpts from the report (emphasis added)...

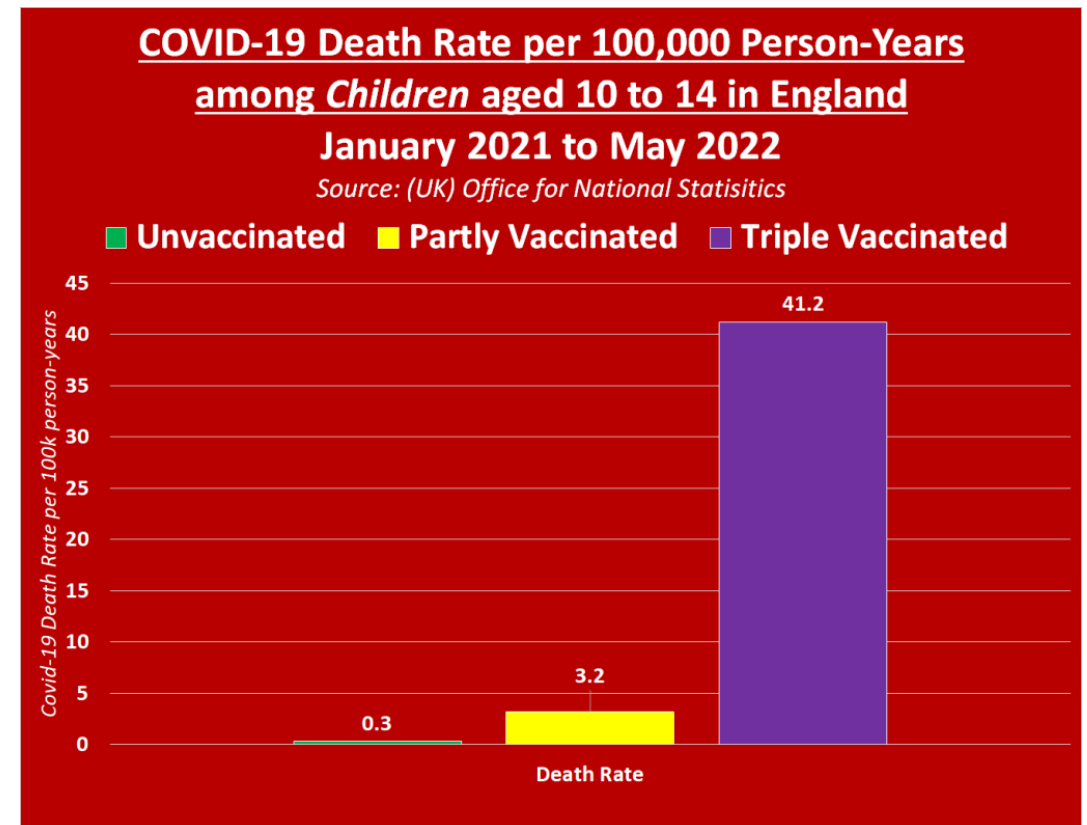
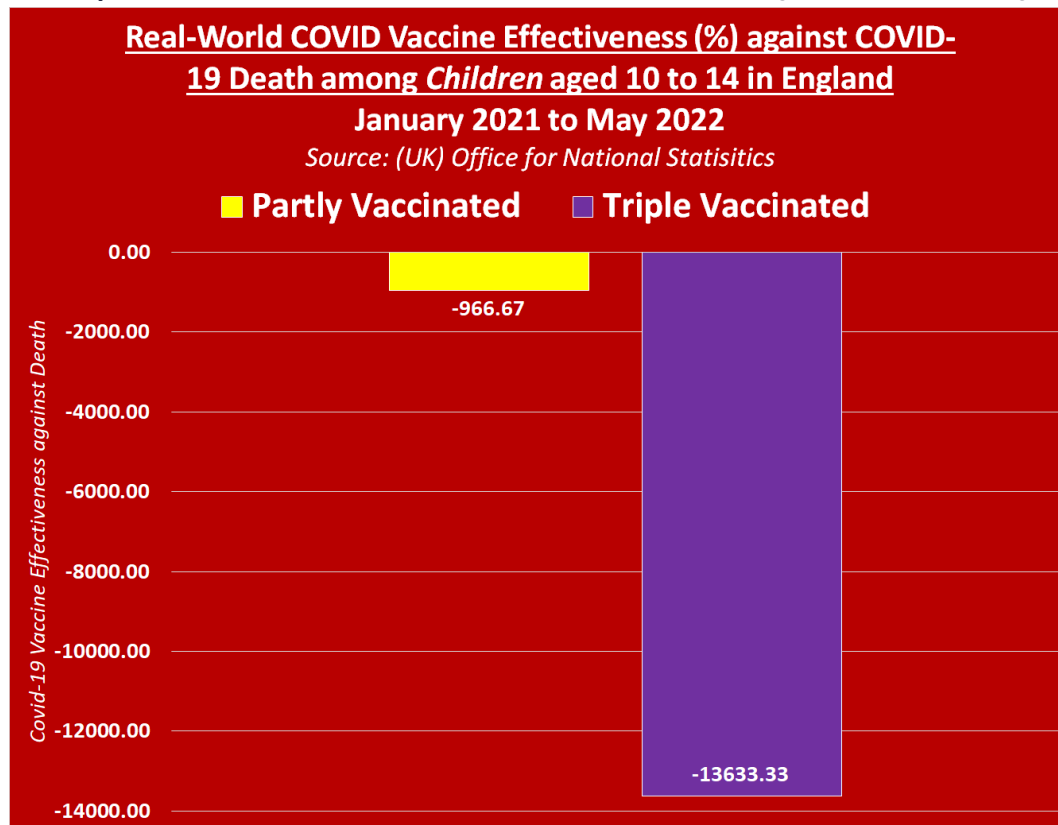
“This case illustrates **immune-mediated hepatitis secondary to the Moderna vaccine**, which on inadvertent re-exposure led to worsening liver injury with deranged synthetic function. **This occurred in a well man with no other medical problems. The onset of jaundice associated with the mRNA vaccine was unusually rapid.** This was **also illustrated in the other cases** where symptoms developed over a median of 7 days (range 4-35).

The mRNA vaccine pathway triggers pro-inflammatory cytokines including interferon and cross-reactivity has been illustrated between the antibodies against the spike protein and self-antigens. Seven cases of suspected immune-mediated hepatitis have been reported with SARS-2-COV mRNA vaccines (3 with Pfizer and 4 with Moderna).

This case has confirmed immune-mediated hepatitis secondary to the Moderna vaccine, which on inadvertent re-exposure led to acute severe hepatitis. Treatment with corticosteroid therapy appears to be favourable.”

The UK Gov has reported that fully vaccinated children are **13,633% MORE LIKELY TO DIE** of COVID than unvaccinated children

- The UK Government Office for National Statistics (ONS) published data on deaths by vaccination status in England
- Partly vaccinated children are **11x (966.67%) MORE LIKELY** to die of Covid-19 than unvaccinated children
- Triple vaccinated children are **137.3x (13,633.33%) MORE LIKELY** to die of Covid-19 than unvaccinated children



The Red Cross will NOT allow the use of the blood from those vaccinated for Convalescent Plasma treatments

- Red Cross Media relations Manager, Emily Osment, provided the following statements to Valiant News (emphasis added) on 4/21/22...

Red Cross is “currently only producing convalescent plasma from **donations from individuals who are unvaccinated** and have confirmed a previous symptomatic COVID-19 infection.”

In contrast, Osment explained that a natural COVID-19 infection will generate antibodies against the coronavirus spike protein and other viral proteins, **while the vaccines only produce antibodies against the spike protein.**

“This is because when an individual has been infected with a virus, they produce antibodies to multiple regions of a virus,” Osment said. “**If a donor has had the COVID-19 vaccine, they will generate an antibody against the spike protein** but not other viral proteins, which will only occur in the event of a COVID-19 infection.”

DoD whistleblowers presented evidence from the Defense Military Epidemiological Database (DMED) showing a **~1,000% increase overall in diseases and injuries** from the COVID-19 vaccines

- Attorney Thomas Renz – provided key vaccine injury data to Congress in a panel hosted by Sen. Ron Johnson, R-Wis., in January 2022 - issued a special notice with nearly **200 pages of evidence** that shows an almost **1,000% increase in diseases and injuries** sustained by military personnel from the COVID-19 vaccines
- Renz stated that the Defense Military Epidemiological Database (DMED) is "considered the premier epidemiological database in the world, monitored by an entire division of the military, part of the data feeding into the DHHS related to vaccine safety, and frequently cited by public health professionals in peer reviewed publications."



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SPECIAL NOTICE REGARDING EVIDENTIARY FINDINGS RELATED TO THE OFFICIAL RENZ LAW COVID-19 INVESTIGATION

Herein is notice regarding critical evidence related to COVID-19, potential governmental corruption, and the safety of our military and citizens. We would like to thank Make Americans Free Again for their assistance in ensuring this document is provided to every congressperson, governor, state attorney general, and as many other elected officials as possible throughout the nation.

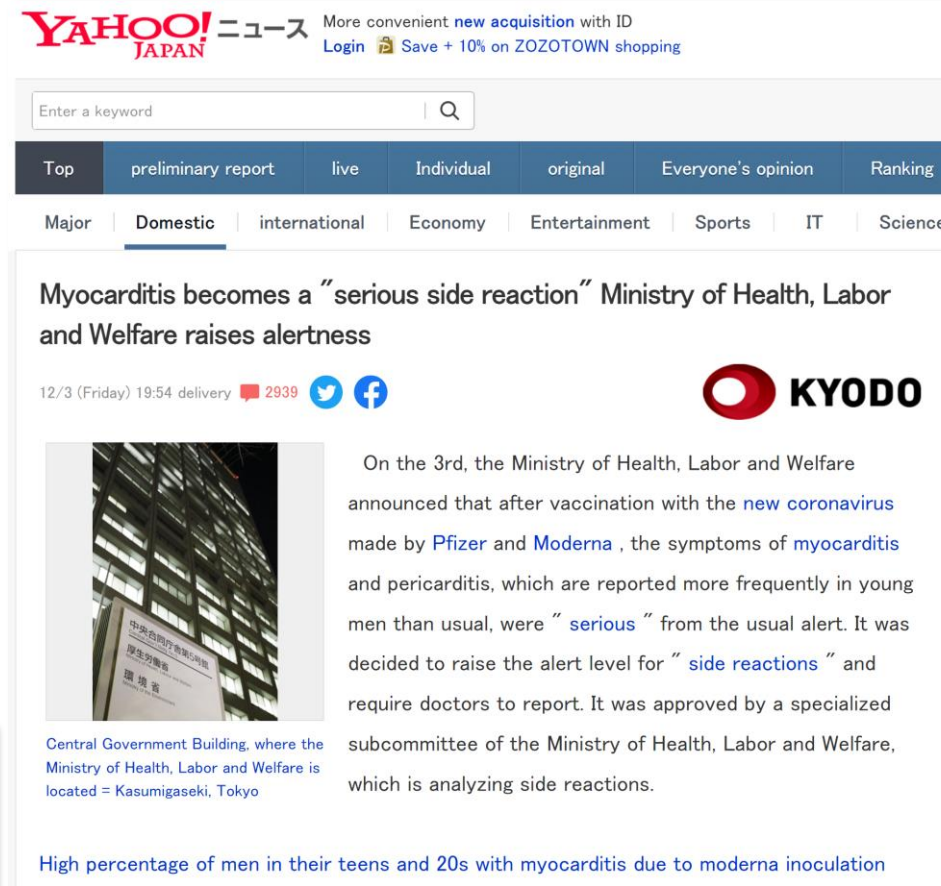
This document includes a substantial amount of evidence. While we believe it should be analyzed in its entirety, we have included overview documents that provide bullet-point information on critical items for easy reference (see the Table of Contents).

Due to the severe side effects, more countries are **banning, restricting, or adding severe warning labels** to the vaccines



Ministry of Health, Labour and Welfare Raises Alertness to "Serious Side Reaction" of Myocarditis

The Ministry of Health, Labour and Welfare today decided to raise alertness to "serious side reactions" from normal warnings and require doctors to report symptoms of myocarditis and pericarditis reported more frequently in young men after the new coronavirus vaccinations made by Pfizer and Moderna. It was approved by the expert subcommittee of the Ministry of Health, Labour and Welfare which analyzes the side reaction.



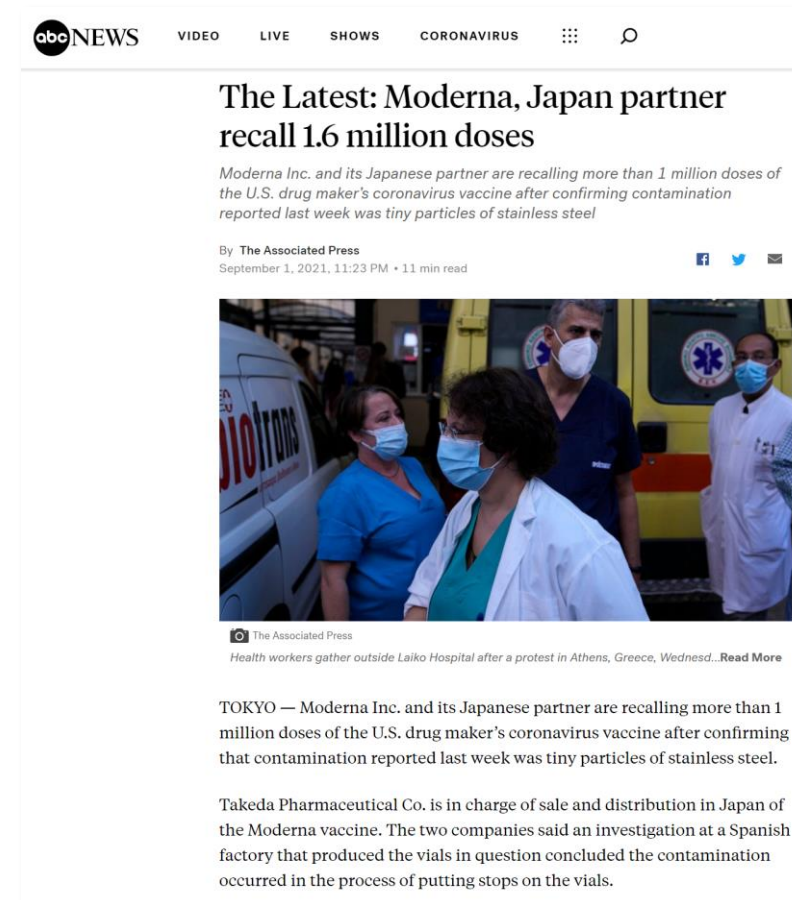
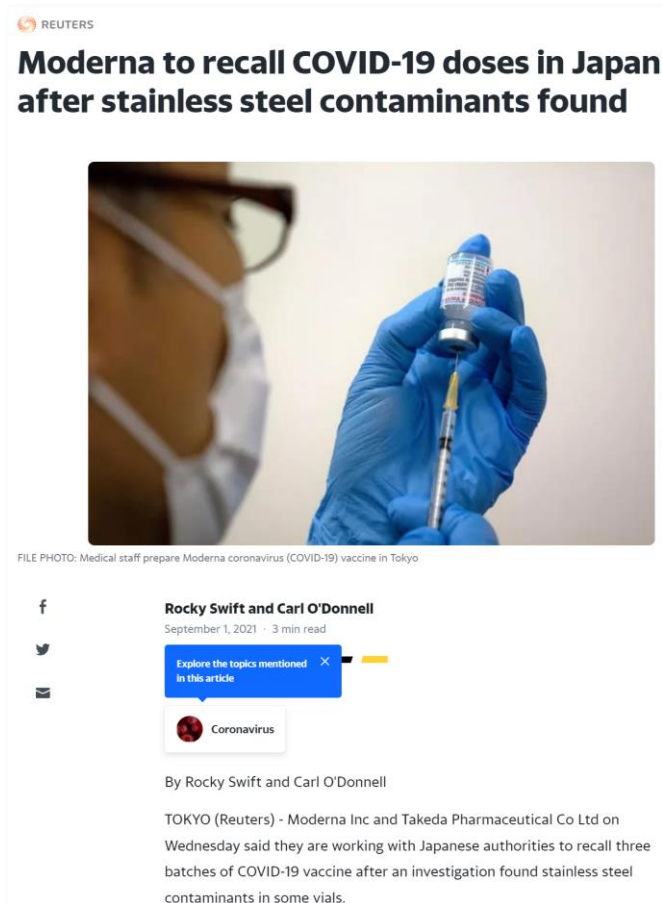
Central Government Building, where the Ministry of Health, Labor and Welfare is located = Kasumigaseki, Tokyo

High percentage of men in their teens and 20s with myocarditis due to moderna inoculation



After stainless steel contaminants were discovered in the vaccine, Moderna was forced to recall 1.63 Million doses in Japan

- Japanese authorities recalled three batches of Moderna's COVID-19 vaccine – totalling 1.63 Million doses - **due to finding stainless steel** in some vaccine vials



Moderna also had to recall almost **765,000 doses** across Europe, due to contamination by a foreign body

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Moderna recalls thousands of COVID vaccine doses in Europe



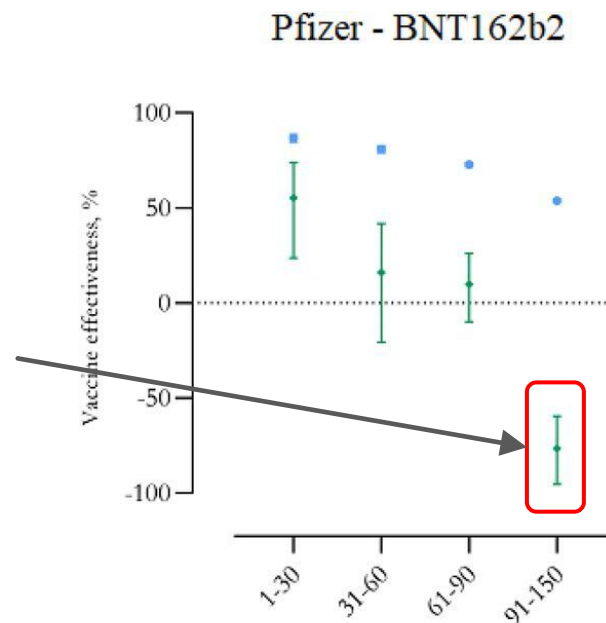
FILE PHOTO: Illustration of COVID-19 vaccine vial

“Negative effectiveness” is defined when the **vaccines** **INCREASE** the likelihood of being infected

- A Dec ‘21 Danish study titled “*Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study*” shows that **the Pfizer & Moderna COVID-19 vaccines have a negative response after 90 days** from when they were administered
- This means **there is a higher likelihood of being infected with Omicron than if you remained unvaccinated, 90 days after being vaccinated**

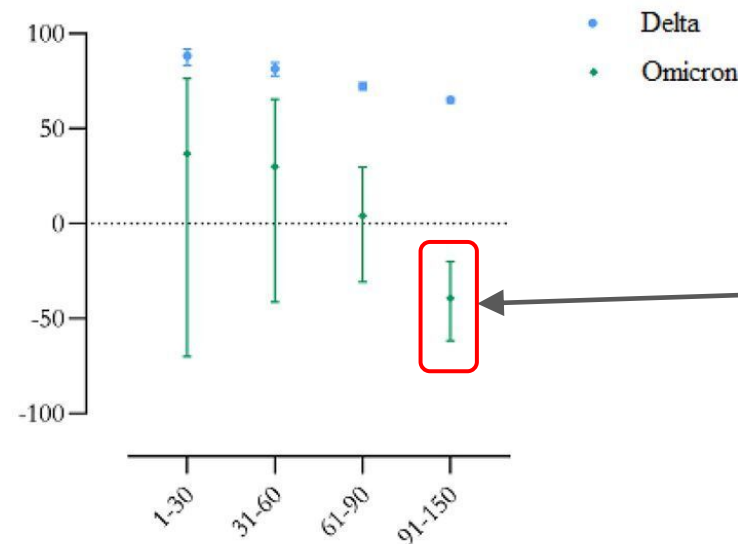
76.5%

Those who have taken the Pfizer vaccine are 76.5% MORE LIKELY to be infected than those that are unvaccinated, after 90 days



Time (days) since full vaccine protection (14 days post 2nd dose)

Moderna - mRNA-1273



39.3%

Those who have taken the Moderna vaccine are 39.3% MORE LIKELY to be infected than those that are unvaccinated, after 90 days

The triple vaccinated are **4.45 times MORE LIKELY** to test positive for the Omicron variant than those that are unvaccinated

- Per the Office for National Statistics (ONS) and the UK Health Security Agency (UKHSA) official data, those that have received 3 doses of vaccine are **4.45 times MORE LIKELY to test positive for the Omicron variant than those that are unvaccinated**

Vaccination Status	Estimated likelihood of testing positive for COVID-19 with an Omicron probable result (odds ratio)	Lower 95% confidence interval	Upper 95% confidence interval	p-value	Number of Omicron probable positives	Total sample
Not vaccinated (Reference)	1	-	-	-	14	536
1 dose	1.57	0.52	4.54	0.413	8	144
2 doses, more than 14 days ago	2.26	0.78	7.45	0.157	72	944
3 doses, more than 14 days ago	4.45	1.29	17.03	0.023	21	185

4.45X

Vaccinated people are 4.45 times more likely to test positive for Omicron than those that are unvaccinated

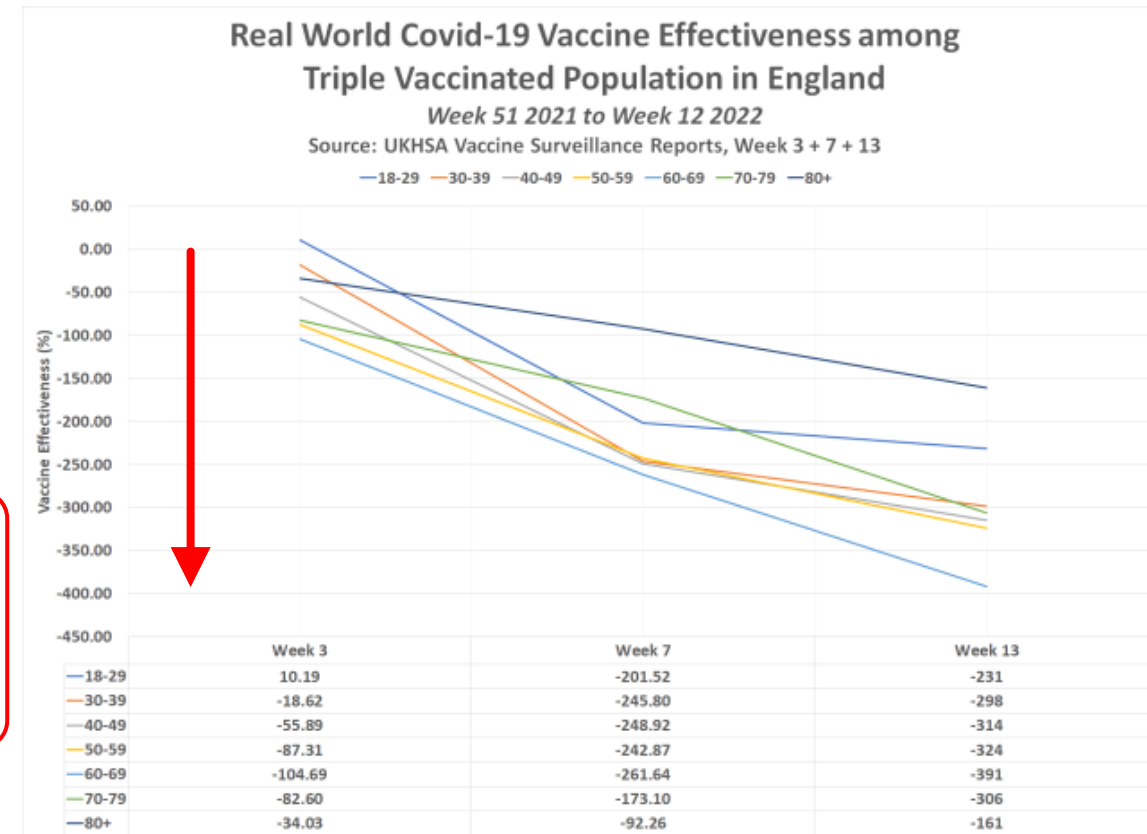
Official figures from the UK Health Security Agency show that triple vaccinated people in England have **LOST up to 80% of their immune system capability** compared to the natural immune system of unvaccinated people

COVID-19 vaccine surveillance report – week 13

Table 11. COVID-19 cases by vaccination status between week 9 2022 and week 12 2022

Please note that corresponding rates by vaccination status can be found in Table 14.

Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	Total	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]							
Under 18	234,919	9,694	172,743	1,331	21,201	27,633	2,317
18 to 29	212,638	13,906	28,140	290	9,843	47,550	112,909
30 to 39	279,848	13,330	29,166	177	7,082	44,727	185,366
40 to 49	253,592	9,312	15,437	49	3,497	26,565	198,732
50 to 59	242,471	8,162	7,669	27	1,834	14,514	210,265
60 to 69	166,870	4,948	3,013	10	764	5,486	152,649
70 to 79	105,126	3,129	1,266	6	391	1,903	98,431
80 or over	58,145	4,155	923	3	361	2,219	50,484



Throughout human history **SCIENCE** has always been that **NATURAL IMMUNITY is the best & most effective** means of protection

- This is confirmed yet again with COVID-19, in **the largest world-wide study to-date**
- Analysis from the database of Maccabi Healthcare Services, with close to **2.5 Million Israelis**
 - Israel has one of the highest vaccinations rate in the world, as well as some of the highest infections rates in the world
 - Authors included: Sivan Gazit, MD MA | Roei Shlezinger, BA | Galit Perez, MN MA | Roni Lotan, PhD | Asaf Peretz, MD | Amir Ben-Tov, MD | Dani Cohen, PhD | Khitam Muhsen, PhD | Gabriel Chodick, PhD MHA | Tal Patalon, MD
- Two studies found that people that were vaccinated in January and February were, in June through the first half of August, **six to 13 times more likely to get infected than unvaccinated people who were previously infected with the coronavirus**
- In one study with over 32,000 people the risk of developing COVID-19 was **27 times higher among the vaccinated** and the risk of **hospitalization eight times higher**

27X

Natural immunity offers 27 times more protection than the COVID-19 vaccines

“This analysis demonstrated that natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization...”

8X

Vaccinated people are 8 times more at risk for hospitalization than unvaccinated

Per a study from the highly esteemed Cleveland Clinic, **no vaccine is needed for those who've had COVID-19**, further confirming natural immunity as the best outcome

- Cleveland Clinic study conducted with **over 52,000** employees (bold emphasis added):

“Importantly, not a single incidence of SARS-CoV-2 infection was observed in previously infected participants with or without vaccination.”

- Dr. Sanchari Sinha Dutta, Ph.D



Cleveland Clinic

Natural immunity may last indefinitely after COVID-19 infection, following the patterns of most other viruses & immunity

- Researchers at Washington University's School of Medicine believe those who have had the COVID-19 virus will have natural, long-term immunity that may last indefinitely

*"Last fall, there were reports that antibodies waned quickly after infection with the virus that causes COVID-19, and mainstream media interpreted that to mean that immunity was not long-lived. **But that's a misinterpretation of the data. It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau.**"*

"Overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived BMPCs and memory B cells"

"These [BMPC] cells are not dividing. They are quiescent, just sitting in the bone marrow and secreting antibodies. They have been doing that ever since the infection resolved, and they will continue doing that indefinitely."

- Ali Ellebedy, Ph.D., (associate professor of pathology and immunology, Washington university School of Medicine)

“No scientific support for requiring the vaccine **for those with natural immunity**”

- Per Dr. Marty Makary, from the Children’s Health Defense News & Views website (bold emphasis added):
 - Dr. Marty Makary, MD, MPH – Johns Hopkins University Chief, Islet Transplant Surgery & Professor of Surgery & Editor-in-Chief of MedPage Today

*Makary said there is no scientific support for requiring the vaccine in people who have natural immunity — that is, immunity from prior COVID infection. **There is zero clinical outcome data to support arguing dogmatically** that natural immune individuals “must get vaccinated.”*

“But here we are now, over a year and a half into the clinical experience of observing patients who were infected, and natural immunity is effective and going strong. And that’s because with natural immunity, the body develops antibodies to the entire surface of the virus, not just a spike protein constructed from a vaccine.”

Another study proves NATURAL IMMUNITY has LONG-TERM effectiveness of 97% against severe COVID

- A preprint article published in MedRxiv by researchers out of Qatar showed that people who survived COVID-19 and were NOT vaccinated had EXCEPTIONAL protection against COVID-19 that was far superior to the COVID vaccines
- This natural immunity is also LONG-TERM, another area that is far superior to the COVID vaccines

“Effectiveness of primary infection against severe, critical, or fatal COVID-19 reinfection **was 97.3%** ... irrespective of the variant of primary infection or reinfection, and **with no evidence for waning**,” the researchers noted. “Similar results were found in sub-group analyses for those ≥50 years of age.”

“Despite waning protection against reinfection, strikingly, there was no evidence for waning of protection against severe COVID-19 at reinfection,” the researchers found.

“This remained ~100%, even 14 months after the primary infection, with no appreciable effect for Omicron immune evasion in reducing it.”

Over 15,000 infectious disease epidemiologists & public health scientists have signed a declaration about the grave concerns related to COVID-19 policies, including vaccination

- **The Great Barrington Declaration** (selected snippets, BOLD emphasis added):
 - As **infectious disease epidemiologists and public health scientists we have grave concerns** about the damaging physical and mental health impacts of the prevailing COVID-19 policies
 - **Current lockdown policies are producing devastating effects** on short and long-term public health
 - **As immunity builds** in the population, the risk of infection to all – including the vulnerable – falls. We know that **all populations will eventually reach herd immunity** – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but **is not dependent upon**) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.
 - The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to **allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection**, while better protecting those who are at highest risk. We call this Focused Protection.
 - **Those who are not vulnerable should immediately be allowed to resume life as normal.** Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

Some of the 15,000+ signers of the Great Barrington Declaration include:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Alexander Walker, principal at World Health Information Science Consultants, former Chair of Epidemiology, Harvard TH Chan School of Public Health, USA

Dr. Anthony J Brookes, professor of genetics, University of Leicester, England

Dr. Boris Kotchoubey, Institute for Medical Psychology, University of Tübingen, Germany

Dr. David Livermore, microbiologist, infectious disease epidemiologist and professor, University of East Anglia, England

Dr. Eyal Shahar, physician, epidemiologist and professor (emeritus) of public health, University of Arizona, USA

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. Andrius Kavaliunas, epidemiologist and assistant professor at Karolinska Institute, Sweden

Dr. Annie Janvier, professor of pediatrics and clinical ethics, Université de Montréal and Sainte-Justine University Medical Centre, Canada

Dr. Cody Meissner, professor of pediatrics, expert on vaccine development, efficacy, and safety. Tufts University School of Medicine, USA

Dr. Eitan Friedman, professor of medicine, Tel-Aviv University, Israel

Dr. Florian Limbourg, physician and hypertension researcher, professor at Hannover Medical School, Germany

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

Dr. Angus Dalglish, oncologist, infectious disease expert and professor, St. George's Hospital Medical School, University of London, England

Dr. Ariel Munitz, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Dr. David Katz, physician and president, True Health Initiative, and founder of the Yale University Prevention Research Center, USA

Dr. Ellen Townsend, professor of psychology, head of the Self-Harm Research Group, University of Nottingham, England

Dr. Gabriela Gomes, mathematician studying infectious disease epidemiology, professor, University of Strathclyde, Scotland

Some of the 15,000+ signers of the Great Barrington Declaration include (cont.):

Dr. Gerhard Krönke, physician and professor of translational immunology, University of Erlangen-Nuremberg, Germany

Dr. Gesine Weckmann, professor of health education and prevention, Europäische Fachhochschule, Rostock, Germany

Dr. Günter Kampf, associate professor, Institute for Hygiene and Environmental Medicine, Greifswald University, Germany

Dr. Helen Colhoun, professor of medical informatics and epidemiology, and public health physician, University of Edinburgh, Scotland

Dr. Jonas Ludvigsson, pediatrician, epidemiologist and professor at Karolinska Institute and senior physician at Örebro University Hospital, Sweden

Dr. Karol Sikora, physician, oncologist, and professor of medicine at the University of Buckingham, England

Dr. Laura Lazzeroni, professor of psychiatry and behavioral sciences and of biomedical data science, Stanford University Medical School, USA

Dr. Lisa White, professor of modelling and epidemiology, Oxford University, England

Dr. Mario Recker, malaria researcher and associate professor, University of Exeter, England

Dr. Matthew Ratcliffe, professor of philosophy, specializing in philosophy of mental health, University of York, England

Dr. Matthew Strauss, critical care physician and assistant professor of medicine, Queen's University, Canada

Dr. Michael Jackson, research fellow, School of Biological Sciences, University of Canterbury, New Zealand

Dr. Michael Levitt, biophysicist and professor of structural biology, Stanford University, USA. Recipient of the 2013 Nobel Prize in Chemistry.

Dr. Mike Hulme, professor of human geography, University of Cambridge, England

Dr. Motti Gerlic, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Some of the 15,000+ signers of the Great Barrington Declaration include (cont.):

Dr. Partha P. Majumder, professor and founder of the National Institute of Biomedical Genomics, Kalyani, India

Dr. Paul McKeigue, physician, disease modeler and professor of epidemiology and public health, University of Edinburgh, Scotland

Dr. Rajiv Bhatia, physician, epidemiologist and public policy expert at the Veterans Administration, USA

Dr. Rodney Sturdivant, infectious disease scientist and associate professor of biostatistics, Baylor University, USA

Dr. Simon Thornley, epidemiologist and biostatistician, University of Auckland, New Zealand

Dr. Simon Wood, biostatistician and professor, University of Edinburgh, Scotland

Dr. Stephen Bremner, professor of medical statistics, University of Sussex, England

Dr. Sylvia Fogel, autism provider and psychiatrist at Massachusetts General Hospital and instructor at Harvard Medical School, USA

Tom Nicholson, Associate in Research, Duke Center for International Development, Sanford School of Public Policy, Duke University, USA

Dr. Udi Qimron, professor of clinical microbiology and immunology, Tel Aviv University, Israel

Dr. Ulrike Kämmerer, professor and expert in virology, immunology and cell biology, University of Würzburg, Germany

Dr. Uri Gavish, biomedical consultant, Israel

Dr. Yaz Gulnur Muradoglu, professor of finance, director of the Behavioural Finance Working Group, Queen Mary University of London, England

Currently, there are no approved COVID-19 vaccines available in the US

- All currently available vaccines are only authorized under the **Emergency Use Authorization (EUA) act**
- Per the FDA's 8/23/21 "approval announcement," the full FDA Covid vaccine approval is for a drug (Comirnaty) **that does not yet exist and is unavailable for use, therefore every Covid shot remains under EUA law**
- **All employees are protected against mandated vaccines** (including Covid vaccines) under [21 U.S.C. §360bbb-3](#), which provides that EUA products (like the COVID-19 vaccines) require that **people have the option to accept or refuse administration of the product**: "FDA has an obligation to ensure that the recipients of the vaccine under an EUA are informed...that they have the option to accept or refuse the vaccine."
- This means **all people have the right to decline a medication that is not fully licensed**
- In addition to federal law, the FDA includes the Nuremburg Code and the Helsinki Declaration on its website, emphasizing the fact that **people cannot be forced to take experimental drugs** without their full consent

*"There is no *available* FDA approved licensed vaccine. Here's what is happening. If FDA approved & licensed COVID19 vaccine, it would have to revoke the EUA vaccines & subject the vaccine maker to more liability risk. So it only approved a future vaccine that isn't "available".*

-Robert Barnes, Constitutional & Civil Rights Attorney, via Twitter 8/25/21

Individuals that experience COVID-19 vaccine side effects **CANNOT sue the vaccine manufacturers, or the US government**

- In February 2020 the COVID-19 **vaccine manufacturers were granted immunity from all liability** by the federal government
- Alex Azar, US Health & Human Services (HHS) Secretary, invoked the Public Readiness and Emergency Preparedness Act (PREP Act), **giving these companies total immunity from all liability**
- This means that **these companies cannot be sued** for damages over any injury, up to and including death, related to their COVID-19 vaccines
- In addition, the US government, or its agencies (FDA, etc.) **cannot be sued**, either, for approving/disapproving a drug, as they are protected under Sovereign Immunity
- Therefore, the 1.2 Million Americans that have already been harmed by the COVID-19 vaccines (through 4/1/22, per CDC VAERS data) **have little-to-no legal recourse**

As of 9/1/21, the CDC changed the definition of immunizations, so the COVID-19 vaccines could be considered

From the CDC, as of May 16, 2018:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A product that stimulates a person's immune system **to produce immunity to a specific disease**, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: **The act of introducing a vaccine into the body to produce immunity to a specific disease.**

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

From the CDC, as of September 1, 2021:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: **A preparation that is used to stimulate the body's immune response against diseases.** Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body **to produce protection** from a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Notice the highlights in **RED**, where a vaccine went from something that “produces immunity” to something “to stimulate the body’s immune response against diseases.” Thus, the new definition is that vaccination no longer “produces immunity to a specific disease,” rather only “protection” from a disease.

While the White House is attempting mandatory measures on the US population, several groups with special ties & interests to the Administration **are exempt from forced vaccination**

- **US Postal Service (USPS)** – covering 644,000 workers – are exempt, despite the fact that they interact with TENS OF MILLIONS of American homeowners/households every day
 - <https://www.msn.com/en-us/news/us/postal-workers-exempt-from-new-vaccine-requirements-report/ar-AAOhiv0>
- Per a September 2021 White House press briefing, Press Secretary Jen Psaki confirmed **White House staff** will not be required to take the vaccine
 - <https://www.foxnews.com/politics/biden-mandating-covid-vaccines-for-white-house>
- **Members of Congress** and their staff are exempt
 - <https://www.msn.com/en-us/news/politics/members-of-congress-and-their-staff-are-exempt-from-bidens-vaccine-mandate/ar-AAOiQvC>
- **Federal court system** employees are exempt
 - <https://www.msn.com/en-us/news/politics/members-of-congress-and-their-staff-are-exempt-from-bidens-vaccine-mandate/ar-AAOiQvC>
- **Pfizer employees** are not required to be vaccinated
 - <https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-require-us-workers-receive-covid-19-vaccine-or-regular-tests-2021-08-04/>
- **Illegal immigrants**, including those in federal detention centers, are not required to get vaccinated
 - <https://www.abc10.com/article/news/verify/immigration/no-vaccine-mandate-immigration-detention-facilities-migrant-undocumented-workers-do-not-compel-vaccination/536-d1f56fcf-230c-4183-83e5-cc86c621fe95>
 - <https://www.foxnews.com/politics/biden-plan-for-forced-vaccinations-doesnt-include-illegal-immigrants>

Per the CDC, disposable masks are ineffective in their ability to stop the spread & transmission of viruses

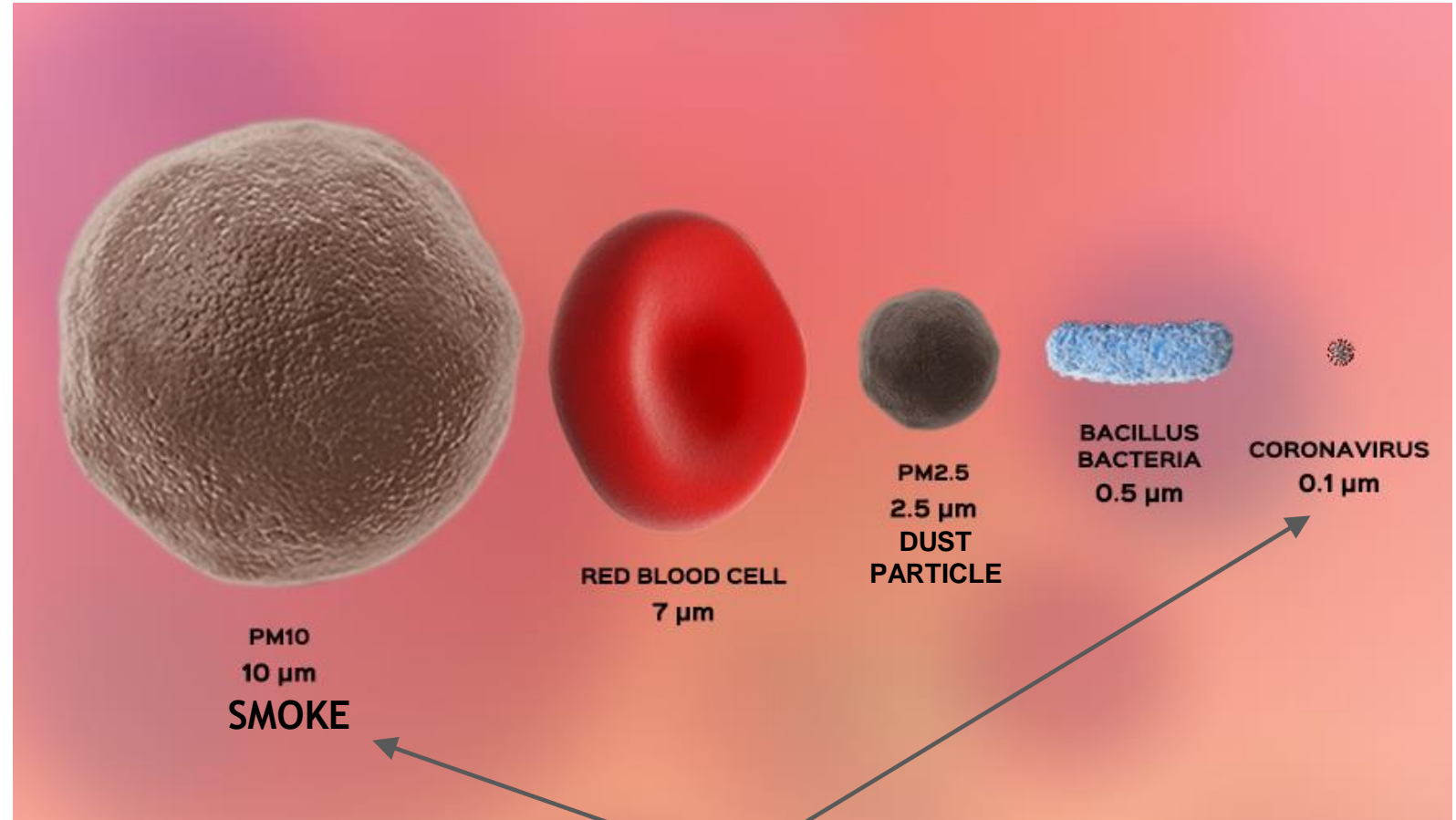
- From the CDC (bold emphasis added):

“Disposable medical masks (also known as surgical masks) are **loose-fitting** devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to **protect the wearer against splashes or sprays of bodily fluids**. There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.”



Disposable medical masks, cloth masks, etc. are ineffective against the COVID-19 virus & have no scientific basis for their use

- The Coronavirus is miniscule, it's smaller than...
 - A single red blood cell,
 - Respiratory droplets (aka "breath"),
 - Wildfire smoke
- The virus **easily goes through disposable medical masks & cloth masks**
- Masks are loose fitting and thus **the virus can go around the mask**
- Finally, masks don't cover your eyes and **a virus can be caught through the eyes**



The CDC contradicts itself on masks...directly from the CDC's website:

"Cloth masks will not protect you from wildfire smoke. Cloth masks that are used to slow the spread of COVID-19 by blocking respiratory droplets offer little protection against wildfire smoke. They might not catch small, harmful particles in smoke that can harm your health."

Many disposable surgical masks come with a warning on the box **explicitly stating that they offer no protection** against COVID-19

- Example warning label verbiage found on many disposable mask boxes:

WARNING: This product is an ear loop mask. This product is not a respirator and will not provide any protection against COVID-19 (Coronavirus) or other viruses or contaminants.

Wearing an ear loop mask does not reduce the risk of contracting any disease or infection.

Dr. Anthony Fauci stated during an interview with 60 Minutes that people should NOT be wearing masks, that they don't offer the proper protection

“Right now, in the United States, people should not be walking around with masks. There's no reason to be walking around with a mask. Wearing a mask might make people feel a little better and it might even block a droplet, but it's not providing the perfect protection people think that it is.”



CEOs from two of the world's largest airlines testified to Congress that **masks should not be required to fly**

- Gary Kelly, CEO & Chairman of Southwest Airlines, and Doug Parker, CEO of American Airlines, testified before Congress on 12/15/21 that **masks are not needed for passengers**

“I think the case is very strong that masks don’t add much, if anything, in the air cabin environment. It is very safe and very high quality compared to any other indoor setting,”

- Gary Kelly, CEO & Chairman Southwest Airlines

“I concur.”

- Doug Parker, CEO American Airlines



Photo courtesy of the NY Post

US airlines trade group, Airlines for America, representing all major US airlines demand that mask mandates end, citing **their ineffectiveness and harm** to the flying public



March 23, 2022

The Honorable Joseph R. Biden Jr.
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Mr. President:

We appreciate your leadership throughout the COVID-19 crisis and now as the country recovers from the impacts of the pandemic. During the global health crisis, U.S. airlines have supported and cooperated with the federal government's measures to slow the spread of COVID-19. We are encouraged by the current data and the lifting of COVID-19 restrictions from coast to coast, which indicate it is past time to eliminate COVID-era transportation policies.

Our industry has leaned into science at every turn. At the outset, we voluntarily implemented policies and procedures -- mandating face coverings; requiring passenger health acknowledgements and contact tracing information; and enhancing cleaning protocols -- to form a multi-layered approach to mitigate risk and prioritize the wellbeing of passengers and employees. We supported the Centers for Disease Control and Prevention (CDC) as they made some of these policies federal mandates and imposed additional measures, like predeparture testing and vaccination requirements for international travelers, in an attempt to slow the introduction of variants into the United States.

However, much has changed since these measures were imposed and they no longer make sense in the current public health context. The persistent and steady decline of hospitalization and death rates are the most compelling indicators that our country is well protected against severe disease from COVID-19. Given that we have entered a different phase of dealing with this virus, we strongly support your view that "COVID-19 need no longer control our lives." **Now is the time for the Administration to sunset federal transportation travel restrictions -- including the international predeparture testing requirement and the federal mask mandate -- that are no longer aligned with the realities of the current epidemiological environment.**

Predeparture Test Requirement

The predeparture test requirement, imposed to slow the introduction of variants into the U.S., has outlived its utility and stymies the return of international travel. The United Kingdom (UK), the European Union and Canada have recognized this reality and lifted travel restrictions. The U.S. inconsistency with these practices creates a competitive disadvantage for U.S. travel and tourism by placing an additional cost and burden on travel to the U.S. Further, many outbound travelers are not willing to risk being stranded overseas. In the Tenth Meeting of the Emergency Committee on January 19, 2022, the World Health Organization (WHO) noted that "the failure

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of travel restrictions introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time." The WHO recommended that countries consider a risk-based approach to the facilitation of international travel by lifting measures, like testing and/or quarantine requirements, for individual travelers who are fully vaccinated with COVID-19 vaccines listed by the WHO.¹ Finally, a recent study by Oxera and Edge Health that examined the effectiveness of travel restrictions in Europe concluded that such measures have failed to prevent the spread of COVID-19.²

Mask Mandate

The science clearly supports lifting the mask mandate, as demonstrated by the recently released CDC framework indicating that 99 percent of the U.S. population no longer need to wear masks indoors. Several studies completed **before we had the added layer of widespread availability of vaccines**, including one from Harvard's T.H. Chan School of Public Health³ and another from the U.S. Department of Defense⁴, have concluded that an airplane cabin is one of the safest indoor environments due to the combination of highly filtered air and constant air flow coupled with the downward direction of the air. Lifting the mask mandate in airports and onboard aircraft can be done safely as England has done. Importantly, the effectiveness and availability of high-quality masks for those who wish to wear them gives passengers the ability to further protect themselves if they choose to do so. It makes no sense that people are still required to wear masks on airplanes, yet are allowed to congregate in crowded restaurants, schools and at sporting events without masks, despite none of these venues having the protective air filtration system that aircraft do.

It is critical to recognize that the burden of enforcing both the mask and predeparture testing requirements has fallen on our employees for two years now. This is not a function they are trained to perform and subjects them to daily challenges by frustrated customers. This in turn takes a toll on their own well-being.

The high level of immunity in the U.S., availability of high-quality masks for those who wish to use them, hospital-grade cabin air, widespread vaccine availability and newly available therapeutics provide a strong foundation for the Administration to lift the mask mandate and predeparture testing requirements. We urge you to do so now.

We are requesting this action not only for the benefit of the traveling public, but also for the thousands of airline employees charged with enforcing a patchwork of now-outdated regulations implemented in response to COVID-19.

Respectfully,

¹ [https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

² <https://www.iata.org/contentassets/31f976cb5de0427cbe4a85958857a472/oxera.pdf>

³ <https://npli.sph.harvard.edu/resources-2/aviation-public-health-initiative-aphi/>

⁴ <https://www.ustranscom.mil/cmd/panewsreader.cfm?ID=C0EC1D60-CB57-C6ED-90DEDA305CE7459D>

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Ben Minicucci
CEO
Alaska Air Group

John W. Dietrich
President & CEO
Atlas Air Worldwide

Scot Struminger
EVP & CEO, Aviation
FedEx Express

Robin Hayes
CEO
JetBlue Airways

Scott Kirby
CEO
United Airlines Holdings

Nicholas E. Calio
President & CEO
Airlines for America

W. Douglas Parker
Chairman & CEO
American Airlines

Ed Bastian
CEO
Delta Air Lines

Peter R. Ingram
President & CEO
Hawaiian Airlines

Gary C. Kelly
Chairman
Southwest Airlines

Brendan Canavan
President
UPS Airlines

Despite there being no benefits for wearing masks, there are **real-life health hazards & side effects** of everyday mask usage

- A study titled *“Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?”* by the International Journal of Environmental Research and Public Health (an interdisciplinary, peer-reviewed, open access journal published by MDPI) **found side effects and hazards to everyday mask wearing** (study based on 44 mostly experimental studies and 65 publications and had the following information...bold emphasis added):
 - The authors refer to the psychological & physical deterioration and symptoms as **Mask-Induced Exhaustion Syndrome (MIES)**
 - The study found **numerous severe negative side effects**, including:
 - Significant correlation of **blood oxygen depletion & fatigue**
 - Significantly **increased heart rates & breathing rates** during walking
 - **Breathing was significantly impeded** and participants reported **mild pain**
 - A measurable **carbon dioxide (CO2) retention** during exercise testing on a cycle ergometer
 - Complaints such as a **feeling of heat, shortness of breath and headaches**
 - Psychological effects, including feelings of **deprivation of freedom, loss of autonomy and self-determination, depression, suppressed anger and subconscious constant distraction**
 - **Anxiety** and psycho-vegetative stress reactions with an increase in psychosomatic and **stress-related illnesses and depressive self-experience, reduced participation, social withdrawal and lowered health-related self-care**
 - **Impaired cognitive ability**
 - Localized **acne, skin irritation, rashes**

Mask mandates and lockdowns are linked **with lower IQ in children**

- A study by Brown University is showing that **mask mandates and lockdowns will create children with lower IQs and have signs of **social-induced brain damage**** (bold emphasis added):

*“We find that **children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic.** Moreover, we find that males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, **the environmental changes associated COVID-19 pandemic is significantly and negatively affecting infant and child development.**”*



School closures and lockdowns produce a severe effect in mental health and well-being of children and adolescents

- From Collateral Global's report "*CG REPORT 3: The Impact of Pandemic Restrictions on Childhood Mental Health*"
 - **The evidence shows the overall impact of COVID-19 restrictions on the mental health and well-being of children and adolescents is likely to be severe.**
- Report conducted by:
 - Carl Heneghan, Director-University of Oxford's Centre for Evidence-Based Medicine, Author of "*The Impact of Pandemic Restrictions on Childhood Mental Health*," and CG Scientific Advisory Board
 - Jon Brassey, Director TRIP Database-University of Oxford's Centre for Evidence-Based Medicine
 - Tom Jefferson, Epidemiologist, Author

Summary

Restrictions affecting mental health and well-being can affect many children and adolescents, as about half of all mental health disorders start **by the age of 14**.

Eight out of ten children and adolescents report worsening of behaviour or any psychological symptoms or an increase in negative feelings due to the COVID-19 pandemic. School closures contributed to increased anxiety, loneliness and stress; negative feelings due to COVID-19 increased with the duration of school closures. Deteriorating mental health was found to be worse in females and older adolescents.

Mental well-being protective factors include increasing socialisation that includes positive interactions and benefits for other people (prosocial behaviours), along with social connectedness based on experiences of feeling close and connected to others.

The quality of the review evidence was judged to be moderate: future high-quality longitudinal studies are required to assess the long term impact of covid restrictions on child and adolescent mental health.

The evidence shows the overall impact of COVID-19 restrictions on the mental health and well-being of children and adolescents is likely to be severe.

After reading the IRREFUTABLE FACTS & SUPPORTING DATA, you need to ask yourself “If the vaccines are so safe...”

- ...why are there 1.37 Million side effects, including almost 30,000 DEATHS in the US, submitted to VAERS (as of 7/29/22)?
- ...why have over 2.7 Million adverse side effects been submitted to the WHO’s COVID vaccine adverse reactions database (as of 12/14/21)?
- ...why do the vaccine manufacturers need immunity from lawsuits?
- ...why did the FDA ask a Federal Judge for a 75-year reprieve (the year 2096!) from releasing vaccine test results related to Pfizer’s vaccine?
- ...why does Pfizer’s own documentation report over 42,000 adverse reactions and over 1,900 DEATHS in just the first 90 days of trial?
- ...why are healthy young people with no comorbidities DYING so soon after receiving the vaccine?
- ...why such a massive increase in professional athletes DYING after the vaccine shot?
- ...why did the CDC intentionally manipulate the data to say the vaccines were safe for pregnant women?
- ...why are the White House, the White House Staff, CDC employees, Congress and Pfizer employees exempt from the “Biden vaccine mandates?”
- ...why are postal employees, who interact with MILLIONS of people daily, exempt from the mandates?
- ...why are the vaccines being banned, or having warning labels put on them, in more & more countries?
- ...why the recall of millions of vaccine doses?
- ...why inject something into your bloodstream/body when YOU CANNOT “UNTAKE” THAT INJECTION?

After reading the **IRREFUTABLE FACTS & SUPPORTING DATA**, you need to ask yourself “If the vaccines are so effective...”

- ...why are the vaccinated wearing masks?
- ...why are the vaccinated getting COVID-19 at an extreme rate?
- ...why are the vaccinated transmitting/spreading the virus to others?
- ...why is the infection rate HIGHER among those that are vaccinated?
- ...why the HIGHER reported cancer rate among the vaccinated?
- ...why are the vaccinated making up the HIGHER percentage of those being hospitalized with COVID?
- ...why are the vaccinated DYING at an unprecedented rate from COVID?
- ...why are the vaccinated MORE AT RISK for COVID variants?
- ...why are scientists from Pfizer stating that natural COVID antibodies (aka natural immunity) are BETTER than their vaccine?
- ...why do countries that used over-the-counter medications, instead of vaccines, have LOWER infection & mortality rates?
- ...why the need for seemingly NONSTOP “boosters?”
- ...why are the millions entering the US borders NOT being required to be vaccinated?

Resources – The TRUTH about COVID-19 vaccines and aborted fetuses and the case for religious exemptions

- “Each of the manufacturers of the Covid vaccines currently available **developed and confirmed their vaccines using fetal cell lines, which originated from aborted fetuses**”
 - <https://lozierinstitute.org/an-ethics-assessment-of-covid-19-vaccine-programs/>
- All Covid vaccine manufacturers **confirmed the development of their vaccine via development and testing that used the abortion-derived cell lines** HEK-293 (Pfizer, Moderna), or PER.C6 (Johnson & Johnson)
- Partaking in a vaccine that was developed & tested from aborted can make someone complicit in an action that **directly violates their religious faith and most sincerely held beliefs**
 - Date of the abortion is irrelevant...whether the abortion for the cell lines happened yesterday, last year or fifty years ago does not matter, as the cells were still harvested from an aborted unborn child
- Any coerced medical treatment **may go against their religious faith** and the right of conscience to control one's own medical treatment, **free of coercion**
- Employees have the right to submit for a religious exemption from the requirement for COVID-19 vaccination **based on their sincerely held religious beliefs**
- There are no rules or laws that require employers to mandate the COVID-19 vaccine for employees, there are however **several state and federal protections to guarantee the rights of employees**. These protections ensure the rights of employees are protected and that employees are not being wrongfully coerced by an employer, government, or any other entity. **This includes the protections afforded to those with sincerely held beliefs**

Resources – Emergency Use Authorization (EUA) Act

- All currently available vaccines are only authorized under the **Emergency Use Authorization (EUA) act**
- All **employees are protected against mandated vaccines** (including Covid vaccines) under [21 U.S.C. §360bbb-3](#), which provides that EUA products (like the COVID-19 vaccines) require that **people have the option to accept or refuse administration of the product**: “FDA has an obligation to ensure that the recipients of the vaccine under an EUA are informed...that they have the option to accept or refuse the vaccine.”
- This means **all people have the right to decline a medication that is not fully licensed**
- Per the FDA’s 8/23/21 announcement, the full FDA Covid vaccine approval is for a drug (Comirnaty) **that does not yet exist and is unavailable for use, therefore every Covid shot remains under EUA law**

*“There is no *available* FDA approved licensed vaccine. Here's what is happening. If FDA approved & licensed COVID19 vaccine, it would have to revoke the EUA vaccines & subject the vaccine maker to more liability risk. So it only approved a future vaccine that isn't "available".*

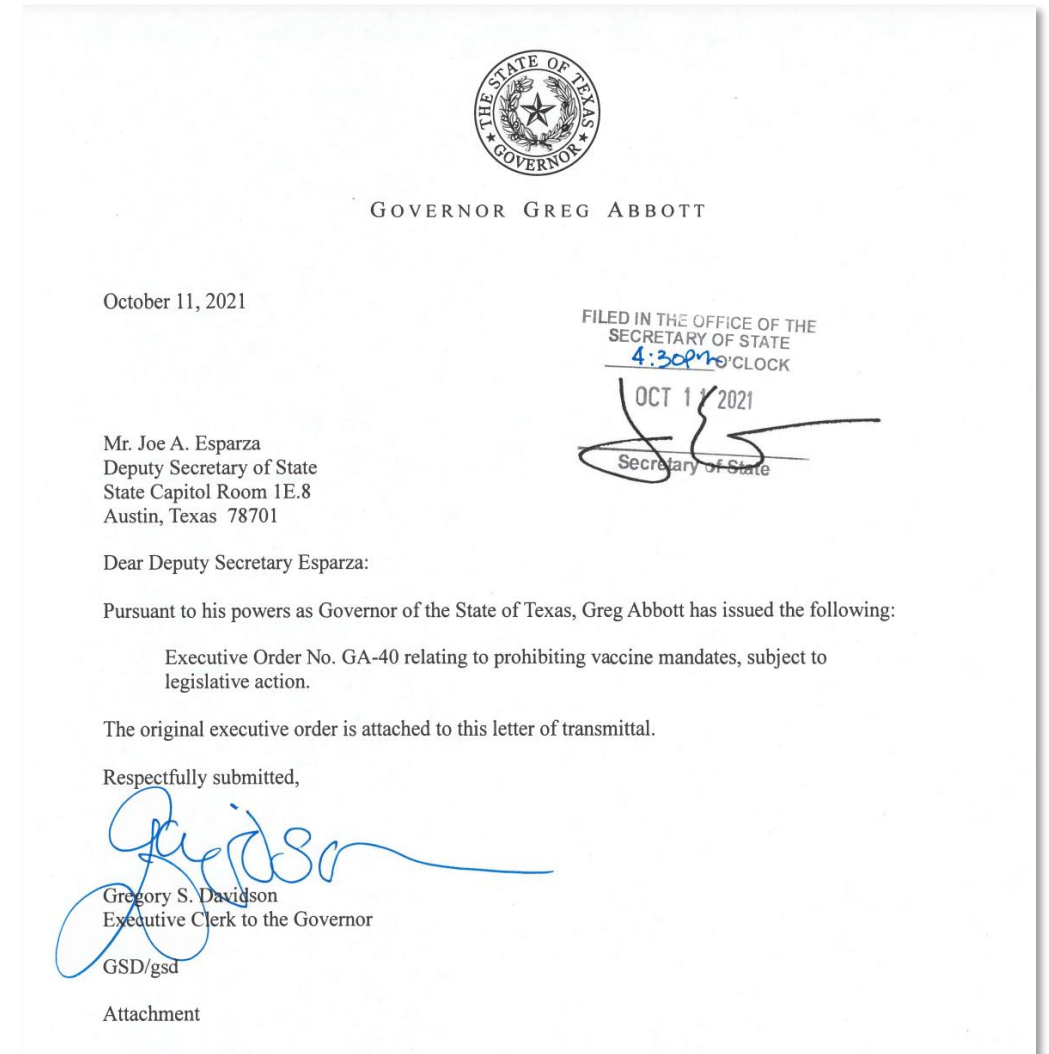
-Robert Barnes, Constitutional & Civil Rights Attorney, via Twitter 8/25/21

Resources – Employer Liability

- Any employer mandating a vaccine is also **liable to the employee** for any adverse events and/or injuries suffered by that employee
 - Per the CDC VAERS database, there have been over 1,000,000 adverse events and over 21,000 deaths reported due to the Covid vaccines through December 24, 2021 in the United States (<https://openvaers.com/covid-data>)
- The medical community estimates that only 1% - 10% of side effects are reported to VAERS, thus making the actual injuries (up to and including death) much higher & **increasing the odds for employers to be held liable**

Resources – TX EO GA-40

- On October 11, 2021 Governor Abbott signed Executive Order GA-40 for residents and employees of Texas
- This order **prohibits the enforcement** of **COVID-19 vaccine mandates in Texas** against employees and customers (from private businesses, as well as other entities) who object on certain basis, including “...personal conscience, based on a religious belief, or for medical reasons, including prior recovery from COVID-19.”



Resources – The American with Disabilities Act

- Any coercion compelling an employee to take any vaccine while knowingly going against the employee's religious faith and sincerely held beliefs **violates federal and state laws and subjects the employer to substantial liability risk**
- The American Disabilities Act (ADA) proscribes, punishes and penalizes employers who **invasively inquire into their employees' medical status and then treat those employees differently** based on their perceived medical status
- Constitutional law, specific statutes and the common laws of torts all **forbid conditioning access to employment, education or public accommodations upon coerced, invasive medical examinations and treatment**, unless the employer can fully provide objective, scientifically validated evidence of the threat from the employee and how no practical alternative could possibly suffice to mitigate such supposed public health threat and still perform the necessary essentials of employment
- Demanding employees divulge their personal medical information **invades their protected right to privacy and discriminates against them** based on their perceived medical status, in violation of the [ADA \(42 USC §12112\(a\)\)](https://www.law.cornell.edu/uscode/text/42/12112).

Resources – EEOC & Discrimination

- The **EEOC strictly forbids discrimination against any employee** based on their religion and/or religious, ethical or moral beliefs. Per the EEOC's website:
 - The **law forbids discrimination** when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment
 - **It is illegal to harass a person** because of his or her religion
 - The **law requires** an employer or other covered entity to **reasonably accommodate an employee's religious beliefs or practices**, unless doing so would cause more than a minimal burden on the operations of the employer's business
- The EEOC also clearly stipulates an employer can only ask for medical information if the employer can **prove** medical information is both job-related and necessary for the business
(<https://eeoc.gov/laws/guidance/questions-and-answers-enforcement-guidance-disability-related-inquiries-and-medical>)
- An employer that treats an individual employee differently based on that employer's belief that the employee's medical condition impairs the employee is **discriminating against that employee based on perceived medical status disability**, thereby in violation of the ADA. If the employer asserts the employee's medical status (such as being unvaccinated against a particular disease) precludes employment, then the employer must prove that the employee poses a "safety hazard" that cannot be reduced with a reasonable accommodation. The employer must prove with objective, scientifically validated evidence, that the employee poses a materially enhanced risk of serious harm that no reasonable accommodation could mitigate.

Resources – Civil Rights Act of 1964

- Title VII of the Civil Rights Act of 1964 states ([SEC. 2000e-2. \[Section 703\]](#)), (a) Employer practices) that it shall be an **unlawful employment practice for an employer to discharge due to an individual's religion** (among other items).

Resources – HIPAA

- Per HIPAA, conditioning continued employment upon demanding disclosure of private, personal medical information may also create **employer liability** under other federal and state laws, including HIPAA, FMLA and others.

Resources

- Overall:

- America's Frontline Doctors - <https://americasfrontlinedoctors.org/>
- Children's Health Defense - <https://childrenshealthdefense.org/defender/>
- Informed Consent Action Network (ICAN) - <https://www.icandecide.org/>
- Corey's Digs COVID Resources - <https://www.coreysdigs.com/health-science/covid-19-resources-medical-legal-forms-jobs-other-critical-information/>
- We The Patriots USA - <https://wethepatriotsusa.org/>

- Legal:

- Liberty Counsel - <https://lc.org/>
- Barnes Law - <https://www.barneslawllp.com/>
- Renz Law - <https://renz-law.com/>
- Liberty First Legal - <https://libertyfirst.legal/>
- Vaccine injury attorneys - https://ecf.cofc.uscourts.gov/cgi-bin/CFC_VaccineAttorneys.pl
- Clever Journeys - <https://cleverjourneys.com/2021/09/19/list-of-lawyers-by-state-who-fight-covid-19-mandates/>

- How to get Ivermectin or Hydroxychloroquine:

- <https://rhsusa.com/>
- <https://covid19criticalcare.com/ivermectin-in-covid-19/how-to-get-ivermectin/>
- <https://speakwithanmd.com/>

Resources (cont.)

- No Vax Job Boards:

- RedBalloon - <https://www.redballoon.work/>
- No Vax Mandate Job Board - <https://novaxmandate.org/>
- Freedom Job Network - <https://www.thefreedomjobnetwork.com/>

- Books:

- The Real Anthony Fauci - <https://www.amazon.com/Real-Anthony-Fauci-Democracy-Childrens/dp/1510766804>
- The Vaccine Court - <https://www.thevaccinecourt.com/>
- Plandemic - <https://www.amazon.com/Plandemic-Fear-Virus-Truth-Cure/dp/1510765549>

- Other:

- Solari Reports - <https://pandemic.solari.com/>
- Liberty Counsel Action - <https://www.lcaction.org/>
- Voice for Science & Solidarity - <https://www.voiceforscienceandsolidarity.org/>
- Refer a complaint - <https://www.usccr.gov/contact/complaints>
- Natural Immunity Durability - <https://doctorsandscientistsdeclaration.org/home/supporting-evidence/#recovered>

Appendix

People with the highest education are the most hesitant about taking the experimental vaccines

- According to a study by Carnegie Mellon University and the University of Pittsburgh, **the most educated people are the LEAST likely to take the experimental COVID-19 vaccines**
- The researchers collected data from **over 5 Million survey responses** and included a range of different demographics
 - Those that selected they would “probably” or “definitely” not choose to get vaccinated were labeled “vaccine hesitant” in the report
- **The most hesitant were those with an educational degree of Ph.D.**, representing almost a quarter of those that were most hesitant



As of July 2022, there is **NO** law that exists within the US requiring COVID-19 vaccines...mandates are NOT law

- Certain terms/words (mandatory, required, requested, decree, etc.) **are used to coerce people** into action, but despite the way these words are used, **they are NOT laws**
- For something to become law, it **must go through the legislative process**:
<https://www.usa.gov/how-laws-are-made>
- The Federalist provides additional commentary on why a mandate is not law
 - <https://thefederalist.com/2021/10/07/joe-bidens-vaccine-mandate-doesnt-exist-its-just-a-press-release/>

Joe Biden's Vaccine Mandate Doesn't Exist. It's Just A Press Release

BY: JOY PULLMANN | OCTOBER 07, 2021 | 7 MIN READ

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Yes, we've heard all about Joe Biden's alleged vaccine mandate for private companies employing 100 or more people. It was all over the news even before he **announced it** on September 9. His announcement has jeopardized the employment of **millions** of Americans and increased worker shortages in critical domains such as health care.

There's only one problem. It's all a mirage. Biden's so-called vaccine mandate doesn't exist — at least, not yet. So far, all we have is his press conference and other such made-for-media huff-puffing. No such rule even claiming to be legally binding has been issued yet.

Nobel Prize winning Biochemist & Inventor of PCR tests believes the tests are extremely flawed and **should NOT be used** to test for the Coronavirus

- Most commonly used test for COVID-19 is PCR (polymerase chain reaction), which typically involves taking a swab from a person's nose and then using the PCR technique to detect for the Coronavirus
- PCR was invented by Dr. Kary Mullis, a Biochemist who **won the Nobel Prize for inventing the PCR test**
- Per Dr. Kary Mullis, the PCR tests are worthless for diagnosing if someone has COVID-19...selected quotes from R. Kary Mullis re: the flaws of PCR testing (bold emphasis added):

*“With PCR if you do it well, **you can find almost anything in anybody**”*

*“PCR basically takes a sample of your cells and amplifies any DNA to look for ‘viral sequences’, i.e. bits of non-human DNA that seem to match parts of a known viral genome. **The problem is the test is known not to work.***

*It uses ‘amplification’ which means taking a very very tiny amount of DNA and growing it exponentially until it can be analyzed. Obviously any minute contaminations in the sample will also be amplified **leading to potentially gross errors of discovery.***

*Additionally, **it’s only looking for partial viral sequences**, not whole genomes, so identifying a single pathogen is next to impossible even if you ignore the other issues. **The idea these kits can isolate a specific virus like COVID-19 is nonsense.**”*

In a now famous clip, an Austrian Member of Parliament demonstrated the PCR test flaws by testing a can of Coca-Cola

- Michael Schnedlitz, an Austrian Member of Parliament, administered a live COVID-19 PCR test before his colleagues, to demonstrate the flaws of the PCR tests...the drink tested positive for the Coronavirus

"...so you can see how worthless and misguided these mass tests are."

*"The coronavirus mass tests are worthless! This was also shown by a simple experiment in parliament, in which **cola got a positive result!**"*

- Michael Schnedlitz

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Live PCR test in Parliament: Coca Cola tests COVID-19 positive

Austrian MP administers COVID-19 PCR test to beverage Coca Cola in plenum before colleagues. Popular drink tests positive for COVID-19.

Arutz Sheva Staff \ 12.12.20 / 19:22 תשפ"א

Austria Coronavirus Trending

Österreich - Live PCR-Test im Parlament - Coca Cola - Ergebnis - Pos...

Watch later Share

Watch on YouTube

Austrian FPÖ Member of Parliament Michael Schnedlitz administered a COVID-19 PCR test to the beverage Coca Cola in the plenum before his colleagues. The popular drink tested positive for the COVID-19 coronavirus.

He said he was performing the test live before parliament: "so you can see how worthless and misguided these mass tests are."

He continued: "The evidence is overwhelming, starting with the absolutely absurd mass tests that are currently being carried out, which are nothing more than a large-scale redistribution of tens of millions of euros in tax money from the population...it can't go on like this."

The FDA has issued **multiple Class 1 recalls** (the most serious recall used by the FDA) for COVID-19 tests

- These tests have proven issues with **inflated numbers of false positives results**
- FDA noted in their recall notices:
 - **“Significant concerns”** regarding the nasal swab’s accuracy
 - **Performance claims that did NOT match** what was observed during clinical studies
 - **Tests were NOT “authorized, cleared, or approved** by the FDA for commercial distribution or use in the United States...”

The screenshot shows the FDA's safety communication page for the Innova Medical Group SARS-CoV-2 Antigen Rapid Qualitative Test. The header includes the FDA logo and navigation links. The main heading is "Stop Using Innova Medical Group SARS-CoV-2 Antigen Rapid Qualitative Test: FDA Safety Communication". Below the heading are social media sharing icons. A sidebar on the left lists "Safety Communications" with links for 2021, 2020, and 2019. The main text area states the date issued as June 10, 2021, and provides a detailed warning about the test's performance. A right sidebar shows the content is current as of 06/10/2021, lists the regulated product as "Medical Devices", and identifies the health topic as "Coronavirus".

Stop Using Innova Medical Group SARS-CoV-2 Antigen Rapid Qualitative Test: FDA Safety Communication

Date Issued: June 10, 2021

The U.S. Food and Drug Administration (FDA) is warning the public to stop using the Innova Medical Group SARS-CoV-2 Antigen Rapid Qualitative Test for diagnostic use. The FDA has significant concerns that the performance of the test has not been adequately established, presenting a risk to health. In addition, labeling distributed with certain configurations of the test includes performance claims that did not accurately reflect the performance estimates observed during the clinical studies of the tests. Finally, the test has not been authorized, cleared, or approved by the FDA for commercial distribution or use in the United States, as required by law.

The screenshot shows the FDA's safety communication page for the Lepu Medical Technology SARS-CoV-2 Antigen and Leccurate Antibody Tests. The header includes the FDA logo and navigation links. The main heading is "Stop Using Lepu Medical Technology SARS-CoV-2 Antigen and Leccurate Antibody Tests: FDA Safety Communication". Below the heading are social media sharing icons. A sidebar on the left lists "Safety Communications" with links for 2021, 2020, and 2019. The main text area includes a "July 29, 2021 Update" and states the date issued as May 28, 2021. It provides a detailed warning about the tests' performance. A right sidebar shows the content is current as of 06/10/2021, lists the regulated product as "Medical Devices", and identifies the health topic as "Coronavirus".

Stop Using Lepu Medical Technology SARS-CoV-2 Antigen and Leccurate Antibody Tests: FDA Safety Communication

July 29, 2021 Update: The FDA took additional actions related to Lepu Medical Technology SARS-CoV-2 Antigen and Leccurate Antibody Tests. For details, see [FDA Actions](#) below.

Date Issued: May 28, 2021

The U.S. Food and Drug Administration (FDA) is warning the public to stop using the Lepu Medical Technology SARS-CoV-2 Antigen Rapid Test Kit and the Leccurate SARS-CoV-2 Antibody Rapid Test Kit (Colloidal Gold Immunochromatography). The FDA has serious concerns about the performance of the SARS-CoV-2 Antigen Rapid Test Kit and the Leccurate SARS-CoV-2 Antibody Rapid Test Kit (Colloidal Gold Immunochromatography) and believes there is likely a high risk of false results when using these tests. Neither test has been authorized, cleared or approved by FDA for distribution and use in the United States.

The CDC has **withdrawn** its request to the FDA for use of the PCR testing protocol to test for the Coronavirus

- On July 7, 2021, the CDC **officially withdrew** its request to the FDA for use of the PCR test
- The change is effective after December 31, 2021

The screenshot shows the CDC Division of Laboratory Systems (DLS) website. At the top, the CDC logo and name are visible, along with a search bar and a link to the A-Z Index. Below the header, the page title "Division of Laboratory Systems (DLS)" is displayed. The main content area features a large banner for a "Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing" dated 07/21/2021. The banner includes the CDC logo and the LOCS (Laboratory Outreach Communication System) logo. To the left of the banner is a sidebar menu with links to "DLS Home", "About Us", "LIVD Mapping Tool for SARS-CoV-2 Tests", "Strengthening Clinical Laboratories", "CDC's Laboratory Outreach Communication System (LOCS)", "Laboratory Communicators' Network", and "Free Educational Materials for Public Health and Clinical Laboratories". The main text of the alert states that after December 31, 2021, the CDC will withdraw its request to the FDA for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel. It notes that the assay was first introduced in February 2020 for detection of SARS-CoV-2 only and provides this advance notice for clinical laboratories to select and implement one of the many FDA-authorized alternatives.

07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing

Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.